Paul Howard, Jr.
Director of Environmental Services
118 W. Davis Street, Suite 101, Culpeper, Virginia 22701
Telephone: (540) 727-3409 Fax: (540) 727-3436
E-mail: phoward@culpepercounty.gov

January 10, 2013

Ms. Susan Mackert
Virginia DEQ NRO
13901 Crown Court
Woodbridge VA 22193-1453

RE: VA0080527 Clevengers Village WWTP
Attachment A Laboratory Results for VPDES Permit Renewal Application

Dear Ms. Mackert,

Please find an original and two copies of the Attachment A Laboratory results for the Clevengers Village WWTP VPDES Permit Renewal Application

If you have any questions or need additional information, please contact me at 540-727-3409.

Sincerely,

Paul Howard Jr.
Director of Environmental Services

ATTACHMENT A
DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER QUALITY CRITERIA MONITORING

CASRN#	CHEMICAL	EPA ANALYSIS NO.	QUANTIFICATION LEVEL[1]	REPORTING RESULTS	SAMPLE TYPE[2]	SAMPLE FREQUENCY
METALS						
7440-36-0	Antimony, dissolved	(3)	3300	<5	G or C	1/5 YR
7440-38-2	Arsenic, dissolved	(3)	53	<5	G or C	1/5 YR
7440-43-9	Cadmium, dissolved	(3)	0.13	<0.3	G or C	1/5 YR
16065-83-1	Chromium III, dissolved [8]	(3)	8.3	<10	G or C	1/5 YR
18540-29-9	Chromium VI, dissolved [8]	(3)	3.3	<5	G or C	1/5 YR
7440-50-8	Copper, dissolved	(3)	0.76	<3	G or C	1/5 YR
7439-92-1	Lead, dissolved	(3)	0.81	<2	G or C	1/5 YR
7439-97-6	Mercury, dissolved	(3)	0.04	<0.2	G or C	1/5 YR
7440-02-0	Nickel, dissolved	(3)	2.2	<3	G or C	1/5 YR
7782-49-2	Selenium, dissolved	(3)	1.8	<3	G or C	1/5 YR
7440-22-4	Silver, dissolved	(3)	0.066	<0.5	G or C	1/5 YR
7440-28-0	Thallium, dissolved	(4)	(5)	<2	G or C	1/5 YR
7440-66-6	Zinc, dissolved	(3)	7.5	41.8	G or C	1/5 YR
PESTICIDES/PCB'S						
309-00-2	Aldrin	608	0.05	<0.005	G or SC	1/5 YR
57-74-9	Chlordane	608	0.2	<0.2	G or SC	1/5 YR
2921-88-2	Chlorpyrifos (synonym = Dursban)	622	(5)	0.24	G or SC	1/5 YR
72-54-8	DDD	608	0.1	<0.1	G or SC	1/5 YR
72-55-9	DDE	608	0.1	<0.04	G or SC	1/5 YR
50-29-3	DDT	608	0.1	<0.01	G or SC	1/5 YR
8065-48-3	Demeton	(4)	(5)	0.23	G or SC	1/5 YR
60-57-1	Dieldrin	608	0.1	<0.005	G or SC	1/5 YR
959-98-8	Alpha-Endosulfan	608	0.1	<0.1	G or SC	1/5 YR
33213-65-9	Beta-Endosulfan	608	0.1	<0.04	G or SC	1/5 YR
1031-07-8	Endosulfan Sulfate	608	0.1	<0.01	G or SC	1/5 YR
72-20-8	Endrin	608	0.1	<0.1	G or SC	1/5 YR

CASRN#	CHEMICAL	EPA ANALYSIS NO.	QUANTIFICATION LEVEL[1]	REPORTING RESULTS	SAMPLE TYPE[2]	SAMPLE FREQUENCY
7421-93-4	Endrin Aldehyde	(4)	(5)	<0.2	G or SC	1/5 YR
86-50-0	Guthion	622	(5)	0.32	G or SC	1/5 YR
76-44-8	Heptachlor	608	0.05	<0.05	G or SC	1/5 YR
1024-57-3	Heptachlor Epoxide	(4)	(5)	<0.2	G or SC	1/5 YR
319-84-6	Hexachlorocyclohexane Alpha-BHC	608	(5)	<0.01	G or SC	1/5 YR
319-85-7	Hexachlorocyclohexane Beta-BHC	608	(5)	<0.01	G or SC	1/5 YR
58-89-9	Hexachlorocyclohexane Gamma-BHC or Lindane	608	(5)	0.02	G or SC	1/5 YR
143-50-0	Kepone	(9)	(5)	<20	G or SC	1/5 YR
121-75-5	Malathion	(4)	(5)	0.25	G or SC	1/5 YR
72-43-5	Methoxychlor	(4)	(5)	<2	G or SC	1/5 YR
2385-85-5	Mirex	(4)	(5)	<0.1	G or SC	1/5 YR
56-38-2	Parathion	(4)	(5)	0.28	G or SC	1/5 YR
11096-82-5	PCB 1260	608	1.0	<0.2	G or SC	1/5 YR
11097-69-1	PCB 1254	608	1.0	<0.2	G or SC	1/5 YR
12672-29-6	PCB 1248	608	1.0	<0.2	G or SC	1/5 YR
53469-21-9	PCB 1242	608	1.0	<0.2	G or SC	1/5 YR
11141-16-5	PCB 1232	608	1.0	<0.2	G or SC	1/5 YR
11104-28-2	PCB 1221	608	1.0	<0.2	G or SC	1/5 YR
12674-11-2	PCB 1016	608	1.0	<0.2	G or SC	1/5 YR
1336-36-3	PCB Total	608	7.0	<0.2	G or SC	1/5 YR
8001-35-2	Toxaphene	608	5.0	<3	G or SC	1/5 YR
BASE NEUTRAL EXTRACTABLES						
83-32-9	Acenaphthene	625	10.0	<10	G or SC	1/5 YR
120-12-7	Anthracene	625	10.0	<10	G or SC	1/5 YR
92-87-5	Benzidine	(4)	(5)	<50	G or SC	1/5 YR
56-55-3	Benzo (a) anthracene	625	10.0	<10	G or SC	1/5 YR
205-99-2	Benzo (b) fluoranthene	625	10.0	<10	G or SC	1/5 YR
207-08-9	Benzo (k) fluoranthene	625	10.0	<10	G or SC	1/5 YR
50-32-8	Benzo (a) pyrene	625	10.0	<10	G or SC	1/5 YR

CASRN#	CHEMICAL	EPA ANALYSIS NO.	QUANTIFICATION LEVEL[1]	REPORTING RESULTS	SAMPLE TYPE[2]	SAMPLE FREQUENCY
111-44-4	Bis 2-Chloroethyl Ether	(4)	(5)	<10	G or SC	1/5 YR
39638-32-9	Bis 2-Chloroisopropyl Ether	(4)	(5)	<10	G or SC	1/5 YR
85-68-7	Butyl benzyl phthalate	625	10.0	<10	G or SC	1/5 YR
91-58-7	2-Chloronaphthalene	(4)	(5)	<10	G or SC	1/5 YR
218-01-9	Chrysene	625	10.0	<10	G or SC	1/5 YR
53-70-3	Dibenz(a,h)anthracene	625	20.0	<10	G or SC	1/5 YR
84-74-2	Dibutyl phthalate (synonym = Di-n-Butyl Phthalate)	625	10.0	<10	G or SC	1/5 YR
95-50-1	1,2-Dichlorobenzene	624	10.0	<10	G or SC	1/5 YR
541-73-1	1,3-Dichlorobenzene	624	10.0	<10	G or SC	1/5 YR
106-46-7	1,4-Dichlorobenzene	624	10.0	<10	G or SC	1/5 YR
91-94-1	3,3-Dichlorobenzidine	(4)	(5)	<10	G or SC	1/5 YR
84-66-2	Diethyl phthalate	625	10.0	<10	G or SC	1/5 YR
117-81-7	Di-2-Ethylhexyl Phthalate	625	10.0	<10	G or SC	1/5 YR
131-11-3	Dimethyl phthalate	(4)	(5)	<10	G or SC	1/5 YR
121-14-2	2,4-Dinitrotoluene	625	10.0	<10	G or SC	1/5 YR
122-66-7	1,2-Diphenylhydrazine	(4)	(5)	<50	G or SC	1/5 YR
206-44-0	Fluoranthene	625	10.0	<10	G or SC	1/5 YR
86-73-7	Fluorene	625	10.0	<10	G or SC	1/5 YR
118-74-1	Hexachlorobenzene	(4)	(5)	<10	G or SC	1/5 YR
87-68-3	Hexachlorobutadiene	(4)	(5)	<10	G or SC	1/5 YR
77-47-4	Hexachlorocyclopentadiene	(4)	(5)	<10	G or SC	1/5 YR
67-72-1	Hexachloroethane	(4)	(5)	<10	G or SC	1/5 YR
193-39-5	Indeno(1,2,3-cd)pyrene	625	20.0	<10	G or SC	1/5 YR
78-59-1	Isophorone	625	10.0	<10	G or SC	1/5 YR
98-95-3	Nitrobenzene	625	10.0	<10	G or SC	1/5 YR
62-75-9	N-Nitrosodimethylamine	(4)	(5)	<10	G or SC	1/5 YR
621-64-7	N-Nitrosodi-n-propylamine	(4)	(5)	<10	G or SC	1/5 YR
86-30-6	N-Nitrosodiphenylamine	(4)	(5)	<10	G or SC	1/5 YR
129-00-0	Pyrene	625	10.0	<10	G or SC	1/5 YR
120-82-1	1,2,4-Trichlorobenzene	625	10.0	<10	G or SC	1/5 YR

CASRN#	CHEMICAL	EPA ANALYSIS NO.	QUANTIFICATION LEVEL[1]	REPORTING RESULTS	SAMPLE TYPE[2]	SAMPLE FREQUENCY
VOLATILES						
107-02-8	Acrolein	(4)	(5)	<50	G	1/5 YR
107-13-1	Acrylonitrile	(4)	(5)	<10	G	1/5 YR
71-43-2	Benzene	624	10.0	<10	G	1/5 YR
75-25-2	Bromoform	624	10.0	<10	G	1/5 YR
56-23-5	Carbon Tetrachloride	624	10.0	<10	G	1/5 YR
108-90-7	Chlorobenzene (synonym = monochlorobenzene)	624	50.0	<10	G	1/5 YR
124-48-1	Chlorodibromomethane	624	10.0	<10	G	1/5 YR
67-66-3	Chloroform	624	10.0	<10	G	1/5 YR
75-09-2	Dichloromethane (synonym = methylene chloride)	624	20.0	<20	G	1/5 YR
75-27-4	Dichlorobromomethane	624	10.0	<10	G	1/5 YR
107-06-2	1,2-Dichloroethane	624	10.0	<10	G	1/5 YR
75-35-4	1,1-Dichloroethylene	624	10.0	<10	G	1/5 YR
156-60-5	1,2-trans-dichloroethylene	(4)	(5)	<10	G	1/5 YR
78-87-5	1,2-Dichloropropane	(4)	(5)	<10	G	1/5 YR
542-75-6	1,3-Dichloropropene	(4)	(5)	<10	G	1/5 YR
100-41-4	Ethylbenzene	624	10.0	<10	G	1/5 YR
74-83-9	Methyl Bromide	(4)	(5)	<10	G	1/5 YR
79-34-5	1,1,2,2-Tetrachloroethane	(4)	(5)	<10	G	1/5 YR
127-18-4	Tetrachloroethylene	624	10.0	<10	G	1/5 YR
10-88-3	Toluene	624	10.0	<10	G	1/5 YR
79-00-5	1,1,2-Trichloroethane	(4)	(5)	<10	G	1/5 YR
79-01-6	Trichloroethylene	624	10.0	<10	G	1/5 YR
75-01-4	Vinyl Chloride	624	10.0	<10	G	1/5 YR
ACID EXTRACTABLES [6]						
95-57-8	2-Chlorophenol	625	10.0	<10	G or SC	1/5 YR
120-83-2	2,4 Dichlorophenol	625	10.0	<10	G or SC	1/5 YR
105-67-9	2,4 Dimethylphenol	625	10.0	<10	G or SC	1/5 YR
51-28-5	2,4-Dinitrophenol	(4)	(5)	<50	G or SC	1/5 YR

CASRN#	CHEMICAL	EPA ANALYSIS NO.	QUANTIFICATION LEVEL[1]	REPORTING RESULTS	SAMPLE TYPE[2]	SAMPLE FREQUENCY
534-52-1	2-Methyl-4,6-Dinitrophenol	(4)	(5)	<50	G or SC	1/5 YR
87-86-5	Pentachlorophenol	625	50.0	<20	G or SC	1/5 YR
108-95-2	Phenol	625	10.0	<10	G or SC	1/5 YR
88-06-2	2,4,6-Trichlorophenol	625	10.0	<10	G or SC	1/5 YR
MISCELLANEOUS						
	Ammonia as NH3-N	350.1	200	720	C	1/5 YR
7782-50-5	Chlorine, Total Residual	(4)	100	N/A	G	1/5 YR
57-12-5	Cyanide, Total	(4)	10.0	<10	G	1/5 YR
N/A	*E. coli* / *Enterococcus* (N/CML)	(4)	(5)	34	G	1/5 YR
7783-06-4	Hydrogen Sulfide	(4)	(5)	<1000	G or SC	1/5 YR
60-10-5	Tributyltin [7]	NBSR 85-3295	(5)	<0.03	G or C	1/5 YR

Paul E. Howard, Jr. Director of Environmental Services

Name of Principal Exec. Officer or Authorized Agent/Title

Paul Howard 1/10/2013

Signature of Principal Officer or Authorized Agent/Date

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. Sec. 1001 and 33 U.S.C. Sec. 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)

FOOTNOTES:

(1) Quantification level (QL) is defined as the lowest concentration used for the calibration of a measurement system when the calibration is in accordance with the procedures published for the required method.

The quantification levels indicated for the metals are actually Specific Target Values developed for this permit. The Specific Target Value is the approximate value that may initiate a wasteload allocation analysis. Target values are not wasteload allocations or effluent limitations. The Specific Target Values are subject to change based on additional information such as hardness data, receiving stream flow, and design flows.

Units for the quantification level are micrograms/liter unless otherwise specified.

Quality control and quality assurance information shall be submitted to document that the required quantification level has been attained.

(2) Sample Type

G = Grab = An individual sample collected in less than 15 minutes. Substances specified with "grab" sample type shall only be collected as grabs. The permittee may analyze multiple grabs and report the average results provided that the individual grab results are also reported. For grab metals samples, the individual samples shall be filtered and preserved immediately upon collection.

C = Composite = A 24-hour **(PW - Revise as required to require same composite duration as BOD_5)** composite unless otherwise specified. The composite shall be a combination of individual samples, taken proportional to flow, obtained at hourly or smaller time intervals. The individual samples may be of equal volume for flows that do not vary by +/- 10 percent over a 24-hour period.

SC = Special Composite = samples for base/neutral/acid compounds, PCBs, and pesticides must be collected as 4 individual grab samples taken proportional to flow at 6-hour intervals over the course of one day. The individual samples may be of equal volume for flows that do not vary by +/- 10 percent over a 24-hour period. Grab samples must be analyzed separately and the concentrations averaged. Alternately, grab samples may be collected in the field and composited in the laboratory if the compositing procedure produces results equivalent to results produced by arithmetic averaging of the results of analysis of individual grab samples.

(3) A specific analytical method is not specified; however a target value for each metal has been established. An appropriate method to meet the target value shall be selected from the following list of EPA methods (or any approved method presented in 40 CFR Part 136). If the test result is less than the method QL, a "<[QL]" shall be reported where the actual analytical test QL is substituted for [QL].

Metal	Analytical Method
Antimony	1638; 1639
Arsenic	206.5; 1632
Chromium[9]	1639
Cadmium	1637; 1638; 1639; 1640
Chromium VI	218.6; 1639
Copper	1638; 1640
Lead	1637; 1638; 1640
Mercury	245.7; 1631
Nickel	1638; 1639; 1640
Selenium	1638; 1639
Silver	1638
Zinc	1638; 1639

(4) Any approved method presented in 40 CFR Part 136.

(5) The QL is at the discretion of the permittee. For any substances addressed in 40 CFR Part 136, the permittee shall use one of the approved methods in 40 CFR Part 136.

(6) Testing for phenol requires continuous extraction.

(7) Analytical Methods: NBSR 85-3295 or DEQ's approved analysis for Tributyltin may also be used [See A Manual for the Analysis of Butyltins in Environmental Systems by the Virginia Institute of Marine Science, dated November 1996].

(8) Both Chromium III and Chromium VI may be measured by the total chromium analysis. If the result of the total chromium analysis is less than or equal to the lesser of the Chromium III or Chromium VI method QL, the results for both Chromium III and Chromium VI can be reported as "<[QL]", where the actual analytical test QL is substituted for [QL].

(9) The lab may use SW846 Method 8270D provided the lab has an Initial Demonstration of Capability, has passed a PT for Kepone, and meets the acceptance criteria for Kepone as given in Method 8270D

AIR WATER & SOIL LABORATORIES, INC.
2109A North Hamilton Street • Richmond, Virginia 23230 • Tel: (804) 358-8295 Fax: (804) 358-8297

Certificate of Analysis

Final Report

Laboratory Order ID 12120341

Client Name: Culpeper County, Virginia
118 West Davis Street Ste 101
Culpeper, VA 22701

Date Received: December 20, 2012
Date Issued: January 08, 2013

Submitted To: Jonathon Weakley

Project Number: NA

Client Site I.D.: Clevengers Village WWTP

Purchase Order: NA

Sample Summary List

Laboratory Sample ID	Sample ID	Sample Date	Receive Date
12120341-001	Final Effluent	12/19/2012	12/20/2012
12120341-002	Final Effluent	12/19/2012	12/20/2012
12120341-003	Final Effluent	12/19/2012	12/20/2012
12120341-004	Final Effluent	12/19/2012	12/20/2012
12120341-005	Final Effluent	12/19/2012	12/20/2012
12120341-006	Final Effluent	12/19/2012	12/20/2012
12120341-007	Final Effluent	12/19/2012	12/20/2012
12120341-008	Final Effluent	12/19/2012	12/20/2012
12120341-009	Final Effluent	12/19/2012	12/20/2012

Ted Soyars
Laboratory Manager

Accredited in accordance with the National Environmental Laboratory Accreditation Program (NELAP)
Commonwealth of Virginia
Accreditation # 460021

010820131248

AIR WATER & SOIL LABORATORIES, INC.
2109A North Hamilton Street • Richmond, Virginia 23230 • Tel: (804) 358-8295 Fax: (804) 358-8297

Certificate of Analysis

Final Report

Laboratory Order ID 12120341

Client Name:	Culpeper County, Virginia 118 West Davis Street Ste 101 Culpeper, VA 22701	Date Received: Date Issued:	December 20, 2012 January 08, 2013
Submitted To:	Jonathon Weakley	Project Number:	NA
Client Site I.D.:	Clevengers Village WWTP	Purchase Order:	NA

End Notes:

The test results listed in this report relate only to the samples submitted to the laboratory and as received by the Laboratory.

Unless otherwise noted, the test results for solid materials are calculated on a wet weight basis. Analyses for pH, dissolved oxygen, temperature, residual chlorine and sulfite that are performed in the laboratory do not meet NELAC requirements due to extremely short holding times. These analyses should be performed in the field. The results of field analyses performed by the Sampler included in the Certificate of Analysis are done so at the client's request and are not included in the laboratory's fields of certification nor have they been audited for adherence to a reference method or procedure.

The signature on the final report certifies that these results conform to all applicable NELAC standards unless otherwise specified. For a complete list of the Laboratory's NELAC certified parameters please contact customer service.

AIR WATER & SOIL LABORATORIES, INC.
2109A North Hamilton Street • Richmond, Virginia 23230 • Tel: (804) 358-8295 Fax: (804) 358-8297

Certificate of Analysis

Final Report

Laboratory Order ID 12120341

Client Name: Culpeper County, Virginia
118 West Davis Street Ste 101
Culpeper, VA 22701

Date Received: December 20, 2012
Date Issued: January 08, 2013

Submitted To: Jonathon Weakley
Project Number: NA

Client Site I.D.: Clevengers Village WWTP
Purchase Order: NA

Analytical Results

Sample I.D.: Final Effluent
Laboratory Sample I.D.: 12120341-001
Date/Time Sampled: 12/19/12 14:00

Parameter	Method	Sample Results	Qual	Rep Limit	Samp Prep Date/Time	Analysis Date/Time	Analyst
Mirex	SW8081B	< 0.1 ug/L		0.1	12/26/2012 14:00	12/27/2012 15:51	SKS
PCB as Aroclor 1016	EPA608	< 0.2 ug/L		0.2	12/26/2012 14:00	12/27/2012 15:51	SKS
PCB as Aroclor 1221	EPA608	< 0.2 ug/L		0.2	12/26/2012 14:00	12/27/2012 15:51	SKS
PCB as Aroclor 1232	EPA608	< 0.2 ug/L		0.2	12/26/2012 14:00	12/27/2012 15:51	SKS
PCB as Aroclor 1242	EPA608	< 0.2 ug/L		0.2	12/26/2012 14:00	12/27/2012 15:51	SKS
PCB as Aroclor 1248	EPA608	< 0.2 ug/L		0.2	12/26/2012 14:00	12/27/2012 15:51	SKS
PCB as Aroclor 1254	EPA608	< 0.2 ug/L		0.2	12/26/2012 14:00	12/27/2012 15:51	SKS
PCB as Aroclor 1260	EPA608	< 0.2 ug/L		0.2	12/26/2012 14:00	12/27/2012 15:51	SKS
Total PCB (Reported Aroclors Only)	EPA608	< 0.2 ug/L		0.2	12/26/2012 14:00	12/27/2012 15:51	SKS
4,4-DDD	EPA608	< 0.1 ug/L		0.1	12/26/2012 14:00	12/27/2012 15:51	SKS
4,4-DDE	EPA608	< 0.04 ug/L		0.04	12/26/2012 14:00	12/27/2012 15:51	SKS
4,4-DDT	EPA608	< 0.01 ug/L		0.01	12/26/2012 14:00	12/27/2012 15:51	SKS
Aldrin	EPA608	< 0.005 ug/L		0.005	12/26/2012 14:00	12/27/2012 15:51	SKS
alpha-BHC	EPA608	< 0.01 ug/L		0.01	12/26/2012 14:00	12/27/2012 15:51	SKS
beta-BHC	EPA608	< 0.01 ug/L		0.01	12/26/2012 14:00	12/27/2012 15:51	SKS
Chlordane	EPA608	< 0.2 ug/L		0.2	12/26/2012 14:00	12/27/2012 15:51	SKS
Dieldrin	EPA608	< 0.005 ug/L		0.005	12/26/2012 14:00	12/27/2012 15:51	SKS
Endosulfan I	EPA608	< 0.1 ug/L		0.1	12/26/2012 14:00	12/27/2012 15:51	SKS
Endosulfan II	EPA608	< 0.04 ug/L		0.04	12/26/2012 14:00	12/27/2012 15:51	SKS
Endosulfan sulfate	EPA608	< 0.01 ug/L		0.01	12/26/2012 14:00	12/27/2012 15:51	SKS
Endrin	EPA608	< 0.1 ug/L		0.1	12/26/2012 14:00	12/27/2012 15:51	SKS
Endrin aldehyde	EPA608	< 0.2 ug/L		0.2	12/26/2012 14:00	12/27/2012 15:51	SKS
gamma-BHC (Lindane)	EPA608	< 0.02 ug/L		0.02	12/26/2012 14:00	12/27/2012 15:51	SKS
Heptachlor	EPA608	< 0.05 ug/L		0.05	12/26/2012 14:00	12/27/2012 15:51	SKS
Heptachlor epoxide	EPA608	< 0.2 ug/L		0.2	12/26/2012 14:00	12/27/2012 15:51	SKS

010820131248

AIR WATER & SOIL LABORATORIES, INC.
2109A North Hamilton Street • Richmond, Virginia 23230 • Tel: (804) 358-8295 Fax: (804) 358-8297

Certificate of Analysis

Final Report

Laboratory Order ID 12120341

Client Name:	Culpeper County, Virginia 118 West Davis Street Ste 101 Culpeper, VA 22701	Date Received: Date Issued:	December 20, 2012 January 08, 2013
Submitted To:	Jonathon Weakley	Project Number:	NA
Client Site I.D.:	Clevengers Village WWTP	Purchase Order:	NA

Analytical Results

Sample I.D.: Final Effluent — Laboratory Sample I.D.: 12120341-001

Date/Time Sampled: 12/19/12 14:00

Parameter	Method	Sample Results	Qual	Rep Limit	Samp Prep Date/Time	Analysis Date/Time	Analyst
Methoxychlor	EPA608	< 2 ug/L		2	12/26/2012 14:00	12/27/2012 15:51	SKS
Toxaphene	EPA608	< 3 ug/L		3	12/26/2012 14:00	12/27/2012 15:51	SKS

AIR WATER & SOIL LABORATORIES, INC.
2109A North Hamilton Street • Richmond, Virginia 23230 • Tel: (804) 358-8295 Fax: (804) 358-8297

Certificate of Analysis

Final Report

Laboratory Order ID 12120341

Client Name: Culpeper County, Virginia
118 West Davis Street Ste 101
Culpeper, VA 22701

Date Received: December 20, 2012
Date Issued: January 08, 2013

Submitted To: Jonathon Weakley
Project Number: NA

Client Site I.D.: Clevengers Village WWTP
Purchase Order: NA

Analytical Results

Sample I.D.: Final Effluent
Laboratory Sample I.D.: 12120341-002
Date/Time Sampled: 12/19/12 14:10

Parameter	Method	Sample Results	Qual	Rep Limit	Samp Prep Date/Time	Analysis Date/Time	Analyst
Azobenzene	EPA625	< 10 ug/L		10	12/20/2012 09:30	12/27/2012 04:15	JHV
Kepone	SW8270D	< 20 ug/L		20	12/20/2012 09:30	12/27/2012 04:15	JHV
2-Chlorophenol	EPA625	< 10 ug/L		10	12/20/2012 09:30	12/27/2012 04:15	JHV
2,4-Dichlorophenol	EPA625	< 10 ug/L		10	12/20/2012 09:30	12/27/2012 04:15	JHV
2,4-Dimethylphenol	EPA625	< 10 ug/L		10	12/20/2012 09:30	12/27/2012 04:15	JHV
4,6-Dinitro-2-methylphenol	EPA625	< 50 ug/L		50	12/20/2012 09:30	12/27/2012 04:15	JHV
2,4-Dinitrophenol	EPA625	< 50 ug/L		50	12/20/2012 09:30	12/27/2012 04:15	JHV
Pentachlorophenol	EPA625	< 20 ug/L		20	12/20/2012 09:30	12/27/2012 04:15	JHV
Phenol	EPA625	< 10 ug/L		10	12/20/2012 09:30	12/27/2012 04:15	JHV
2,4,6-Trichlorophenol	EPA625	< 10 ug/L		10	12/20/2012 09:30	12/27/2012 04:15	JHV
Acenaphthene	EPA625	< 10 ug/L		10	12/20/2012 09:30	12/27/2012 04:15	JHV
Anthracene	EPA625	< 10 ug/L		10	12/20/2012 09:30	12/27/2012 04:15	JHV
Benzo (a) anthracene	EPA625	< 10 ug/L		10	12/20/2012 09:30	12/27/2012 04:15	JHV
Benzo (b) fluoranthene	EPA625	< 10 ug/L		10	12/20/2012 09:30	12/27/2012 04:15	JHV
Benzo (k) fluoranthene	EPA625	< 10 ug/L		10	12/20/2012 09:30	12/27/2012 04:15	JHV
Benzo (a) pyrene	EPA625	< 10 ug/L		10	12/20/2012 09:30	12/27/2012 04:15	JHV
Butyl benzyl phthalate	EPA625	< 10 ug/L		10	12/20/2012 09:30	12/27/2012 04:15	JHV
bis (2-Chloroethyl) ether	EPA625	< 10 ug/L		10	12/20/2012 09:30	12/27/2012 04:15	JHV
bis (2-Chloroisopropyl) ether	EPA625	< 10 ug/L		10	12/20/2012 09:30	12/27/2012 04:15	JHV
Chrysene	EPA625	< 10 ug/L		10	12/20/2012 09:30	12/27/2012 04:15	JHV
Dibenz (a,h) anthracene	EPA625	< 10 ug/L		10	12/20/2012 09:30	12/27/2012 04:15	JHV
Di-n-butyl phthalate	EPA625	< 10 ug/L		10	12/20/2012 09:30	12/27/2012 04:15	JHV
Diethyl phthalate	EPA625	< 10 ug/L		10	12/20/2012 09:30	12/27/2012 04:15	JHV
Dimethyl phthalate	EPA625	< 10 ug/L		10	12/20/2012 09:30	12/27/2012 04:15	JHV
2,4-Dinitrotoluene	EPA625	< 10 ug/L		10	12/20/2012 09:30	12/27/2012 04:15	JHV

01082D131248

AIR WATER & SOIL LABORATORIES, INC.
2109A North Hamilton Street • Richmond, Virginia 23230 • Tel: (804) 358-8295 Fax: (804) 358-8297

Certificate of Analysis

Final Report

Laboratory Order ID 12120341

Client Name: Culpeper County, Virginia
118 West Davis Street Ste 101
Culpeper, VA 22701

Date Received: December 20, 2012
Date Issued: January 08, 2013

Submitted To: Jonathon Weakley
Project Number: NA

Client Site I.D.: Clevengers Village WWTP
Purchase Order: NA

Analytical Results

Sample I.D.: Final Effluent
Laboratory Sample I.D.: 12120341-002
Date/Time Sampled: 12/19/12 14:10

Parameter	Method	Sample Results	Qual	Rep Limit	Samp Prep Date/Time	Analysis Date/Time	Analyst
bis (2-Ethylhexyl) phthalate	EPA625	< 10 ug/L		10	12/20/2012 09:30	12/27/2012 04:15	JHV
Fluoranthene	EPA625	< 10 ug/L		10	12/20/2012 09:30	12/27/2012 04:15	JHV
Fluorene	EPA625	< 10 ug/L		10	12/20/2012 09:30	12/27/2012 04:15	JHV
Hexachlorobenzene	EPA625	< 10 ug/L		10	12/20/2012 09:30	12/27/2012 04:15	JHV
Hexachlorobutadiene	EPA625	< 10 ug/L		10	12/20/2012 09:30	12/27/2012 04:15	JHV
Hexachlorocyclopentadiene	EPA625	< 10 ug/L		10	12/20/2012 09:30	12/27/2012 04:15	JHV
Hexachloroethane	EPA625	< 10 ug/L		10	12/20/2012 09:30	12/27/2012 04:15	JHV
Indeno (1,2,3-cd) pyrene	EPA625	< 10 ug/L		10	12/20/2012 09:30	12/27/2012 04:15	JHV
Isophorone	EPA625	< 10 ug/L		10	12/20/2012 09:30	12/27/2012 04:15	JHV
Nitrobenzene	EPA625	< 10 ug/L		10	12/20/2012 09:30	12/27/2012 04:15	JHV
N-Nitrosodimethylamine	EPA625	< 10 ug/L		10	12/20/2012 09:30	12/27/2012 04:15	JHV
N-Nitrosodiphenylamine	EPA625	< 10 ug/L		10	12/20/2012 09:30	12/27/2012 04:15	JHV
N-Nitrosodi-N-propylamine	EPA625	< 10 ug/L		10	12/20/2012 09:30	12/27/2012 04:15	JHV
Pyrene	EPA625	< 10 ug/L		10	12/20/2012 09:30	12/27/2012 04:15	JHV
1,2,4-Trichlorobenzene	EPA625	< 10 ug/L		10	12/20/2012 09:30	12/27/2012 04:15	JHV
Benzidine	EPA625	< 50 ug/L		50	12/20/2012 09:30	12/27/2012 04:15	JHV
3,3-Dichlorobenzidine	EPA625	< 10 ug/L		10	12/20/2012 09:30	12/27/2012 04:15	JHV
2-Chloronaphthalene	EPA625	< 10 ug/L		10	12/20/2012 09:30	12/27/2012 04:15	JHV

AIR WATER & SOIL LABORATORIES, INC.
2109A North Hamilton Street • Richmond, Virginia 23230 • Tel: (804) 358-8295 Fax: (804) 358-8297

Certificate of Analysis

Final Report

Laboratory Order ID 12120341

Client Name: Culpeper County, Virginia
118 West Davis Street Ste 101
Culpeper, VA 22701

Date Received: December 20, 2012
Date Issued: January 08, 2013

Submitted To: Jonathon Weakley
Project Number: NA

Client Site I.D.: Clevengers Village WWTP
Purchase Order: NA

Analytical Results

Sample I.D.: Final Effluent
Laboratory Sample I.D.: 12120341-003
Date/Time Sampled: 12/19/12 14:15

Parameter	Method	Sample Results	Qual	Rep Limit	Samp Prep Date/Time	Analysis Date/Time	Analyst
Demeton-o	EPA622	See Attached		--			
Demeton-s	EPA622	See Attached		--			
Chlorpyrifos	EPA622	See Attached		--			
Azinophos, Methyl	EPA622	See Attached		--			
Malathion	EPA622	See Attached		--			
Ethyl parathion	EPA622	See Attached		--			

Analytical Results

Sample I.D.: Final Effluent
Laboratory Sample I.D.: 12120341-004
Date/Time Sampled: 12/19/12 14:18

Parameter	Method	Sample Results	Qual	Rep Limit	Samp Prep Date/Time	Analysis Date/Time	Analyst
Cyanide	Kelada-01	< 0.01 mg/L		0.01	12/27/2012 13:12	12/27/2012 13:12	CJP

010820131249

AIR WATER & SOIL LABORATORIES, INC.
2109A North Hamilton Street • Richmond, Virginia 23230 • Tel: (804) 358-8295 Fax: (804) 358-8297

Certificate of Analysis

Final Report

Laboratory Order ID 12120341

Client Name: Culpeper County, Virginia
118 West Davis Street Ste 101
Culpeper, VA 22701

Date Received: December 20, 2012
Date Issued: January 08, 2013

Submitted To: Jonathon Weakley
Project Number: NA

Client Site I.D.: Clevengers Village WWTP
Purchase Order: NA

Analytical Results

Sample I.D.: Final Effluent
Laboratory Sample I.D.: 12120341-005
Date/Time Sampled: 12/19/12 14:24

Parameter	Method	Sample Results	Qual	Rep Limit	Samp Prep Date/Time	Analysis Date/Time	Analyst
Acrolein	EPA624	< 50 ug/L		50	12/21/2012 19:42	12/21/2012 19:42	MKD
Acrylonitrile	EPA624	< 10 ug/L		10	12/21/2012 19:42	12/21/2012 19:42	MKD
Vinyl chloride	EPA624	< 10 ug/L		10	12/21/2012 19:42	12/21/2012 19:42	MKD
Bromomethane	EPA624	< 10 ug/L		10	12/21/2012 19:42	12/21/2012 19:42	MKD
1,1-Dichloroethylene	EPA624	< 10 ug/L		10	12/21/2012 19:42	12/21/2012 19:42	MKD
Methylene chloride	EPA624	< 20 ug/L		20	12/21/2012 19:42	12/21/2012 19:42	MKD
trans-1,2-Dichloroethylene	EPA624	< 10 ug/L		10	12/21/2012 19:42	12/21/2012 19:42	MKD
Chloroform	EPA624	< 10 ug/L		10	12/21/2012 19:42	12/21/2012 19:42	MKD
Carbon tetrachloride	EPA624	< 10 ug/L		10	12/21/2012 19:42	12/21/2012 19:42	MKD
Benzene	EPA624	< 10 ug/L		10	12/21/2012 19:42	12/21/2012 19:42	MKD
1,2-Dichloroethane	EPA624	< 10 ug/L		10	12/21/2012 19:42	12/21/2012 19:42	MKD
Trichloroethylene	EPA624	< 10 ug/L		10	12/21/2012 19:42	12/21/2012 19:42	MKD
1,2-Dichloropropane	EPA624	< 10 ug/L		10	12/21/2012 19:42	12/21/2012 19:42	MKD
Bromodichloromethane	EPA624	< 10 ug/L		10	12/21/2012 19:42	12/21/2012 19:42	MKD
cis-1,3-Dichloropropene	EPA624	< 10 ug/L		10	12/21/2012 19:42	12/21/2012 19:42	MKD
Toluene	EPA624	< 10 ug/L		10	12/21/2012 19:42	12/21/2012 19:42	MKD
trans-1,3-Dichloropropene	EPA624	< 10 ug/L		10	12/21/2012 19:42	12/21/2012 19:42	MKD
1,3-Dichloropropene, Total	EPA624	< 10 ug/L		10	12/21/2012 19:42	12/21/2012 19:42	MKD
1,1,2-Trichloroethane	EPA624	< 10 ug/L		10	12/21/2012 19:42	12/21/2012 19:42	MKD
Tetrachloroethylene (PCE)	EPA624	< 10 ug/L		10	12/21/2012 19:42	12/21/2012 19:42	MKD
Dibromochloromethane	EPA624	< 10 ug/L		10	12/21/2012 19:42	12/21/2012 19:42	MKD
Chlorobenzene	EPA624	< 10 ug/L		10	12/21/2012 19:42	12/21/2012 19:42	MKD
Ethylbenzene	EPA624	< 10 ug/L		10	12/21/2012 19:42	12/21/2012 19:42	MKD
Bromoform	EPA624	< 10 ug/L		10	12/21/2012 19:42	12/21/2012 19:42	MKD
1,1,2,2-Tetrachloroethane	EPA624	< 10 ug/L		10	12/21/2012 19:42	12/21/2012 19:42	MKD

010820131249

AIR WATER & SOIL LABORATORIES, INC.
2109A North Hamilton Street • Richmond, Virginia 23230 • Tel: (804) 358-8295 Fax: (804) 358-8297

Certificate of Analysis

Final Report

Laboratory Order ID 12120341

Client Name:	Culpeper County, Virginia 118 West Davis Street Ste 101 Culpeper, VA 22701	Date Received: Date Issued:	December 20, 2012 January 08, 2013
Submitted To:	Jonathon Weakley	Project Number:	NA
Client Site I.D.:	Clevengers Village WWTP	Purchase Order:	NA

Analytical Results

Sample I.D.: Final Effluent — Laboratory Sample I.D.: 12120341-005

Date/Time Sampled: 12/19/12 14:24

Parameter	Method	Sample Results	Qual	Rep Limit	Samp Prep Date/Time	Analysis Date/Time	Analyst
1,3-Dichlorobenzene	EPA624	< 10 ug/L		10	12/21/2012 19:42	12/21/2012 19:42	MKD
1,4-Dichlorobenzene	EPA624	< 10 ug/L		10	12/21/2012 19:42	12/21/2012 19:42	MKD
1,2-Dichlorobenzene	EPA624	< 10 ug/L		10	12/21/2012 19:42	12/21/2012 19:42	MKD

AIR WATER & SOIL LABORATORIES, INC.
2109A North Hamilton Street • Richmond, Virginia 23230 • Tel: (804) 358-8295 Fax: (804) 358-8297

Certificate of Analysis

Final Report

Laboratory Order ID 12120341

Client Name: Culpeper County, Virginia
118 West Davis Street Ste 101
Culpeper, VA 22701

Date Received: December 20, 2012
Date Issued: January 08, 2013

Submitted To: Jonathon Weakley
Project Number: NA

Client Site I.D.: Clevengers Village WWTP
Purchase Order: NA

Analytical Results

Sample I.D.: Final Effluent
Laboratory Sample I.D.: 12120341-006
Date/Time Sampled: 12/19/12 15:04

Parameter	Method	Sample Results	Qual	Rep Limit	Samp Prep Date/Time	Analysis Date/Time	Analyst
Chromium, Dissolved Hexavalent	SM18/3500-Cr D	< 0.005 mg/L		0.005	12/20/2012 11:38	12/20/2012 11:38	CL
Chromium, Dissolved Trivalent	Calc.	< 0.01 mg/L		0.01			
Antimony, Dissolved	EPA200.9/R2.2	< 0.005 mg/L		0.005	12/26/2012 17:10	12/27/2012 16:34	CGT
Arsenic, Dissolved	EPA200.9/R2.2	< 0.005 mg/L		0.005	12/26/2012 17:10	01/07/2013 15:05	CGT
Cadmium, Dissolved	EPA200.9/R2.2	< 0.0003 mg/L		0.0003	12/26/2012 17:10	12/28/2012 16:35	CGT
Chromium, Dissolved	EPA200.7/R4.4	< 0.01 mg/L		0.01	12/26/2012 17:10	12/27/2012 17:35	JPV
Copper, Dissolved	EPA200.9/R2.2	< 0.003 mg/L		0.003	12/26/2012 17:10	12/27/2012 17:13	CGT
Lead, Dissolved	EPA200.9/R2.2	< 0.002 mg/L		0.002	12/26/2012 17:10	12/27/2012 12:05	CGT
Mercury, Dissolved	EPA245.1/R3.0	< 0.0002 mg/L		0.0002	12/26/2012 11:30	12/26/2012 16:09	MWL
Nickel, Dissolved	EPA200.9/R2.2	< 0.003 mg/L		0.003	12/26/2012 17:10	12/27/2012 12:43	CGT
Selenium, Dissolved	EPA200.9/R2.2	< 0.003 mg/L		0.003	12/26/2012 17:10	01/04/2013 12:11	CGT
Silver, Dissolved	EPA200.9/R2.2	< 0.0005 mg/L		0.0005	12/26/2012 17:10	01/03/2013 11:59	CGT
Thallium, Dissolved	EPA200.9/R2.2	< 0.002 mg/L		0.002	12/26/2012 17:10	01/04/2013 12:05	CGT
Zinc, Dissolved	EPA200.7/R4.4	0.0418 mg/L		0.01	12/26/2012 17:10	12/27/2012 17:35	JPV

Analytical Results

Sample I.D.: Final Effluent
Laboratory Sample I.D.: 12120341-007
Date/Time Sampled: 12/19/12 14:07

Parameter	Method	Sample Results	Qual	Rep Limit	Samp Prep Date/Time	Analysis Date/Time	Analyst
Tributyltin	85-3295	See Attached		–			

AIR WATER & SOIL LABORATORIES, INC.
2109A North Hamilton Street • Richmond, Virginia 23230 • Tel: (804) 358-8295 Fax: (804) 358-8297

Certificate of Analysis

Final Report

Laboratory Order ID 12120341

Client Name: Culpeper County, Virginia
118 West Davis Street Ste 101
Culpeper, VA 22701

Date Received: December 20, 2012
Date Issued: January 08, 2013

Submitted To: Jonathon Weakley

Project Number: NA

Client Site I.D.: Clevengers Village WWTP

Purchase Order: NA

Analytical Results

Sample I.D.: Final Effluent

Laboratory Sample I.D.: 12120341-008

Date/Time Sampled: 12/19/12 14:41

Parameter	Method	Sample Results	Qual	Rep Limit	Samp Prep Date/Time	Analysis Date/Time	Analyst
Temperature	EPA170.1	17.6 °C		--	12/21/2012 00:00	12/21/2012 00:00	NMK
Hydrogen Sulfide (calc)	SM18/4500-S2 H	< 1 mg/L		1	12/21/2012 15:33	12/21/2012 15:33	TLA
pH	SM18/4500-H B	7.7 SU		--	12/21/2012 12:23	12/21/2012 12:23	NMK
The pH measurement was performed outside of the 15 minute holding time.							
Sulfide	SM18/4500-S2 E	< 1 mg/L		1	12/21/2012 15:33	12/21/2012 15:33	TLA
TDS	SM18/2540C	679 mg/L		10	12/26/2012 16:35	12/26/2012 16:35	NMK

Analytical Results

Sample I.D.: Final Effluent

Laboratory Sample I.D.: 12120341-009

Date/Time Sampled (Start/Stop): 12/19/12 06:30 to 12/19/12 12:45

Parameter	Method	Sample Results	Qual	Rep Limit	Samp Prep Date/Time	Analysis Date/Time	Analyst
Ammonia	EPA350.1/R2.0	0.72 mg/L		0.1	12/20/2012 15:38	12/20/2012 15:38	NMK

AIR WATER & SOIL LABORATORIES, INC.
2109A North Hamilton Street • Richmond, Virginia 23230 • Tel: (804) 358-8295 Fax: (804) 358-8297

Certificate of Analysis

Final Report

Laboratory Order ID 12120341

Client Name: Culpeper County, Virginia
118 West Davis Street Ste 101
Culpeper, VA 22701

Date Received: December 20, 2012
Date Issued: January 08, 2013

Submitted To: Jonathon Weakley
Client Site I.D.: Clevengers Village WWTP

Project Number: NA
Purchase Order: NA

Summary of Analytical QC Batches

QC Batch ID	Method	Sample List
QC121221026	SM18/3500-Cr D	12120341-006
QC121226011	SM18/4500-S2 E	12120341-008
QC121226013	EPA624	12120341-005
QC121227006	EPA245.1/R3.0	12120341-006
QC121227015	EPA350.1/R2.0	12120341-009
QC121227019	Kelada-01	12120341-004
QC121227020	SM18/4500-H B	12120341-008
QC121227022	EPA625 SW8270D	12120341-002
QC121227032	EPA200.9/R2.2	12120341-006
QC121227033	SW8081B EPA608	12120341-001

QC ID	Parameter	Qualifier	Comments
LCS	beta-BHC	L	
LCS	beta-BHC	L	
LCSD	beta-BHC	L	
LCSD	beta-BHC	L	
LCSD	Heptachlor	L	
LCSD	Heptachlor	L	

QC121227034	EPA608	12120341-001
QC121227036	EPA200.9/R2.2	12120341-006
QC121228004	EPA200.9/R2.2	12120341-006
QC121228011	EPA200.7/R4.4	12120341-006
QC121228038	EPA200.9/R2.2	12120341-006
QC130104016	SM18/2540C	12120341-008
QC130104019	EPA200.9/R2.2	12120341-006
QC130104023	EPA200.9/R2.2	12120341-006

QC ID	Parameter	Qualifier	Comments
MS	Selenium, Dissolved	M	
MSD	Selenium, Dissolved	M	

AIR WATER & SOIL LABORATORIES, INC.
2109A North Hamilton Street • Richmond, Virginia 23230 • Tel: (804) 358-8295 Fax: (804) 358-8297

Certificate of Analysis

Final Report

Laboratory Order ID 12120341

Client Name:	Culpeper County, Virginia 118 West Davis Street Ste 101 Culpeper, VA 22701	Date Received: Date Issued:	December 20, 2012 January 08, 2013
Submitted To:	Jonathon Weakley	Project Number:	NA
Client Site I.D.:	Clevengers Village WWTP	Purchase Order:	NA

QC130104025	EPA200.9/R2.2	12120341-006
QC130107016	EPA200.9/R2.2	12120341-006
QC130107044	EPA200.9/R2.2	12120341-006

Qualifier Defination

Qualifier	Description
L	LCS recovery is outside of established acceptance limits
M	Matrix spike recovery is outside established acceptance limits.

Air Water & Soil Laboratories, Inc.
2109 A. North Hamilton Street
Richmond, Virginia 23230
(804) 358-8295 - Telephone
(804) 358-8297 - Fax

Analysis Certifications Report

Client Name: Culpeper County, Virginia
Client Site ID: Clevengers Village WWTP
Submitted To: Jonathon Weakley

Date Issued: 01/08/2013

Order ID: 12120341

Parameter	Method	NC	VA-NP
1,1,2,2-Tetrachloroethane	EPA624	X	X
1,1,2-Trichloroethane	EPA624	X	X
1,1-Dichloroethylene	EPA624	X	X
1,2,4-Trichlorobenzene	EPA625	X	X
1,2-Dichlorobenzene	EPA624	X	X
1,2-Dichloroethane	EPA624	X	X
1,2-Dichloropropane	EPA624	X	X
1,3-Dichlorobenzene	EPA624	X	X
1,3-Dichloropropene, Total	EPA624	X	X
1,4-Dichlorobenzene	EPA624	X	X
2,4,6-Trichlorophenol	EPA625	X	X
2,4-Dichlorophenol	EPA625	X	X
2,4-Dimethylphenol	EPA625	X	X
2,4-Dinitrophenol	EPA625	X	X
2,4-Dinitrotoluene	EPA625	X	X
2-Chloronaphthalene	EPA625	X	X
2-Chlorophenol	EPA625	X	X
3,3-Dichlorobenzidine	EPA625	X	X
4,6-Dinitro-2-methylphenol	EPA625	X	X
Acenaphthene	EPA625	X	X
Acrolein	EPA624	X	X
Acrylonitrile	EPA624	X	X
Aldrin	EPA608		X
Ammonia	EPA350.1/R2.0		X
Anthracene	EPA625	X	X
Azobenzene	EPA625	X	X
Benzene	EPA624	X	X
Benzidine	EPA625	X	X
Benzo (a) anthracene	EPA625	X	X
Benzo (a) pyrene	EPA625	X	X
Benzo (b) fluoranthene	EPA625	X	X
Benzo (k) fluoranthene	EPA625	X	X
beta-BHC	EPA608		X
bis (2-Chloroethyl) ether	EPA625	X	X
bis (2-Chloroisopropyl) ether	EPA625	X	X
bis (2-Ethylhexyl) phthalate	EPA625	X	X

AIR WATER & SOIL LABORATORIES, INC.

Air Water & Soil Laboratories, Inc.
2109 A. North Hamilton Street
Richmond, Virginia 23230
(804) 358-8295 - Telephone
(804) 358-8297 - Fax

Analysis Certifications Report

Client Name: Culpeper County, Virginia
Client Site ID: Clevengers Village WWTP
Submitted To: Jonathon Weakley

Date Issued: 01/08/2013

Order ID: 12120341

Parameter	Method	NC	VA-NP
Bromodichloromethane	EPA624	X	X
Bromoform	EPA624	X	X
Bromomethane	EPA624	X	X
Butyl benzyl phthalate	EPA625	X	X
Carbon tetrachloride	EPA624	X	X
Chlordane	EPA608		X
Chlorobenzene	EPA624	X	X
Chloroform	EPA624	X	X
Chromium, Dissolved	EPA200.7/R4.4	X	X
Chromium, Dissolved Hexavalent	SM18/3500-Cr D		X
Chrysene	EPA625	X	X
cis-1,3-Dichloropropene	EPA624	X	X
Copper, Dissolved	EPA200.9/R2.2		X
Cyanide	Kelada-01	X	X
Dibenz (a,h) anthracene	EPA625	X	X
Dibromochloromethane	EPA624	X	X
Dieldrin	EPA608		X
Diethyl phthalate	EPA625	X	X
Dimethyl phthalate	EPA625	X	X
Di-n-butyl phthalate	EPA625	X	X
Endosulfan I	EPA608		X
Endosulfan II	EPA608		X
Endosulfan sulfate	EPA608		X
Endrin	EPA608		X
Endrin aldehyde	EPA608		X
Ethylbenzene	EPA624	X	X
Fluoranthene	EPA625	X	X
Fluorene	EPA625	X	X
gamma-BHC (Lindane)	EPA608		X
Heptachlor	EPA608		X
Heptachlor epoxide	EPA608		X
Hexachlorobenzene	EPA625	X	X
Hexachlorobutadiene	EPA625	X	X
Hexachlorocyclopentadiene	EPA625	X	X
Hexachloroethane	EPA625	X	X
Indeno (1,2,3-cd) pyrene	EPA625	X	X

Air Water & Soil Laboratories, Inc.
2109 A. North Hamilton Street
Richmond, Virginia 23230
(804) 358-8295 - Telephone
(804) 358-8297 - Fax

Analysis Certifications Report

Client Name: Culpeper County, Virginia
Client Site ID: Clevengers Village WWTP
Submitted To: Jonathon Weakley

Date Issued: 01/08/2013

Order ID: 12120341

Parameter	Method	NC	VA-NP
Isophorone	EPA625	X	X
Kepone	SW8270D	X	X
Methylene chloride	EPA624	X	X
Mirex	SW8081B		X
Nitrobenzene	EPA625	X	X
N-Nitrosodimethylamine	EPA625	X	X
N-Nitrosodi-N-propylamine	EPA625	X	X
N-Nitrosodiphenylamine	EPA625	X	X
PCB as Aroclor 1016	EPA608		X
PCB as Aroclor 1221	EPA608		X
PCB as Aroclor 1232	EPA608		X
PCB as Aroclor 1242	EPA608		X
PCB as Aroclor 1248	EPA608		X
PCB as Aroclor 1254	EPA608		X
PCB as Aroclor 1260	EPA608		X
Pentachlorophenol	EPA625	X	X
pH	SM18/4500-H B	X	X
Phenol	EPA625	X	X
Pyrene	EPA625	X	X
Sulfide	SM18/4500-S2 E	X	
TDS	SM18/2540C		X
Tetrachloroethylene (PCE)	EPA624	X	X
Toluene	EPA624	X	X
trans-1,2-Dichloroethylene	EPA624	X	X
trans-1,3-Dichloropropene	EPA624	X	X
Trichloroethylene	EPA624	X	X
Vinyl chloride	EPA624	X	X
Zinc, Dissolved	EPA200.7/R4.4		X

"X" denotes that the associated parameter is certified or accredited under the program indicated in the column header.

VA-NP = VELAP Non-Potable Water: Virginia DGS Division of Consolidated Laboratory Services(460021); NC: North Carolina(495)

AIR WATER & SOIL LABORATORIES, INC.

2109A NORTH HAMILTON STREET
RICHMOND, VIRGINIA 23230
(804) 358-8295 PHONE
(804)358-8297 FAX

CHAIN OF CUSTODY

PAGE ____ OF ____

COMPANY NAME: Culpeper County	INVOICE TO:	PROJECT NAME/Quote #: QT12121301 / Attachment A
CONTACT: Jonathon Weakley	INVOICE CONTACT:	SITE NAME: Clevenger's Village WWTP
ADDRESS: 118 West Davis Street, Suite 101, Culpeper, VA 227	INVOICE ADDRESS:	PROJECT NUMBER:
PHONE #: (540) 727-3409 / (540) 718-3345	INVOICE PHONE #:	P.O. #:
FAX #: (540) 727-3436 EMAIL: jweakley@culpepercounty.gov		Pretreatment Program:
Is sample for compliance reporting? (YES) NO	Is sample from a chlorinated supply? YES (NO)	PWS I.D. #:
SAMPLER NAME (PRINT): Jonathon Weakley	SAMPLER SIGNATURE:	Turn Around Time: 10 Day(s)

Matrix Codes: WW=Waste Water GW=Ground Water DW=Drinking Water S=Soil/Solids OR=Organic A=Air WP=Wipe OT=Other_____

CLIENT SAMPLE I.D.	Grab	Composite	Field Filtered (Dissolved Metals)	Composite Start Date	Composite Start Time	Grab Date or Composite Stop Date	Grab Time or Composite Stop Time	Time Preserved	Matrix (See Codes)	Number of Containers	ANALYSIS / (PRESERVATIVE): Dissolved Metals: Sb,As,Cd,Cu,Pb,Hg,Ni,Se,Ag,Tl, Zn (HNO3)	Dissolved Trivalent and Hexavalent Chromium	Organochlorine Pest-608 + Mirex	PCB's-608	Organophos Pest-622 + Guthion	SVOC's-625 + Kepone + 1,2-diphenylhydrazine	VOC's-624 (HCL)	Cyanide (NaOH)	COMMENTS
1) Final Effluent	X					12/19/12	14:00		WW	1				X					-001
2) Final Effluent	X					12/19/12	14:10		WW	1						X			-002
3) Final Effluent	X					12/19/12	14:00		WW	1			X						-001
4) Final Effluent	X					12/19/12	14:15		WW	1					X				-003
5) Final Effluent	X					12/19/12	14:18		WW	1								X	-004
6) Final Effluent	X					12/19/12	14:24		WW	4							X		-005
7) Final Effluent	X		X			12/19/12	15:04		WW	1	X								Sample Filtered -006
8) Final Effluent	X		X			12/19/12	15:04		WW	1		X							Sample Filtered -006
9)																			-DUP
10)																			

Dissolved Hexavalent Chromium pH raised to (pH= 6.498) gw

PLEASE NOTE PRESERVATIVE(S), INTERFERENCE CHECKS or PUMP RATE (L/min)

RELINQUISHED:	DATE / TIME	RECEIVED:	DATE / TIME
[signature]	12/19/12 16:00		
RELINQUISHED: Courier	DATE / TIME	RECEIVED: [signature]	DATE / TIME 12/20/12 1100
RELINQUISHED:	DATE / TIME	RECEIVED:	DATE / TIME

QC Data Package
- Level I ☐
- Level II ☐
- Level III ☐
- Level IV ☐

LAB USE ONLY

Culpeper
Clevengers Village WWTP

12120341
DUE: 5 Days
Recd: 12/20/12

COOLER TEMP 3.6 °C

AIR WATER & SOIL LABORATORIES, INC.

2109A NORTH HAMILTON STREET
RICHMOND, VIRGINIA 23230
(804) 358-8295 PHONE
(804)358-8297 FAX

CHAIN OF CUSTODY

PAGE ____ OF ____

COMPANY NAME: Culpeper County	INVOICE TO:	PROJECT NAME/Quote #: QT12121301 / Attachment A
CONTACT: Jonathon Weakley	INVOICE CONTACT:	SITE NAME: Clevenger's Village WWTP
ADDRESS: 118 West Davis Street, Suite 101, Culpeper, VA 227	INVOICE ADDRESS:	PROJECT NUMBER:
PHONE #: (540) 727-3409 / (540) 718-3345	INVOICE PHONE #:	P.O. #:
FAX #: (540) 727-3436 EMAIL: jweakley@culpepercounty.gov		Pretreatment Program:
Is sample for compliance reporting? (YES) NO	Is sample from a chlorinated supply? YES (NO)	PWS I.D. #:
SAMPLER NAME (PRINT): Jonathon Weakley SAMPLER SIGNATURE:		Turn Around Time: 10 Day(s)

Matrix Codes: WW=Waste Water GW=Ground Water DW=Drinking Water S=Soil/Solids OR=Organic A=Air WP=Wipe OT=Other_____

CLIENT SAMPLE I.D.	Grab	Composite	Field Filtered (Dissolved Metals)	Composite Start Date	Composite Start Time	Grab Date or Composite Stop Date	Grab Time or Composite Stop Time	Time Preserved	Matrix (See Codes)	Number of Containers	ANALYSIS / (PRESERVATIVE): ~~E. Coli~~ Sodium Thiosulfate (Na)	Hydrogen Sulfide (NaOH + ZnAc)	Tributyltin (HCL)	Ammonia (H_2SO_4) Grab				COMMENTS
1) Final Effluent	X					12/9/12	14:07		ww	2			X					-007
2) Final Effluent	X					12/9/12	14:11		ww	2		X						-008
3) Final Effluent		X		12/9/12	06:30	12/9/12	12:15		ww	1				X				-009
4)																		
5)																		
6)																		
7)																		
8)																		
9)																		
10)																		

Hydrogen Sulfide
pH = 7.61
temp = 13.1

PLEASE NOTE PRESERVATIVE(S), INTERFERENCE CHECKS or PUMP RATE (L/min)

Ice

RELINQUISHED:	DATE / TIME	RECEIVED:	DATE / TIME
	12/19/12 16:00		
RELINQUISHED: Courier	DATE / TIME	RECEIVED:	DATE / TIME
			12/20/12 1100
RELINQUISHED:	DATE / TIME	RECEIVED:	DATE / TIME

QC Data Package
Level I ☐
Level II ☐
Level III ☐
Level IV ☐

LAB USE ONLY

COOLER TEMP 3.6°C

Culpeper
Clevengers Village WWTP

12120341
DUE: 5 Days
Recd: 12/20/12

AIR WATER & SOIL Laboratory

2109A North Hamilton Street • Richmond, Virginia 23230 • Tel : (804) 358-8

Culpeper
Clevengers Village WWTP

12120341
DUE: 5 Days
Recd: 12/20/12

Sample Conditions Checklist

Opened by: (Initials) MW

Lab ID No.:

Date Cooler Opened: 12-20-12

		YES	NO	N/A
1.	How were samples received?			
	Fed Ex	☐		
	UPS	☐		
	Courier	☑		
	Walk In	☐		
2.	Were custody seals used?	☐	☑	☐
3.	If yes, are custody seals unbroken and intact at the date and time of arrival?	☐	☐	☑
4.	Are the custody papers filled out completely and correctly?	☑	☐	☐
5.	Do all bottle labels agree with custody papers?	☑	☐	☐
6.	Are the samples received on ice?	☑	☐	☐
7.	Is the temperature blank or representative sample within acceptable limits? (above freezing to 6°C)	☑	☐	☐
8.	Are all samples within holding time for requested laboratory tests?	☑	☐	☐
9	Is a sufficient amount of sample provided to perform the tests indicated?	☑	☐	☐
10	Are all samples in proper containers for the analyses requested?	☑	☐	☐
11	Are all samples appropriately preserved for the analyses requested?	☑	☐	☐
12	Are all volatile organic containers free of headspace?	☑	☐	☐

COMMENTS

AIR WATER SOIL LABORATORIES, INC.

pH Preservation Log

Order ID 12120341

Date Performed: 12-20-12

Analyst Performing Check:

Sample ID	Container ID	Metals			Cyanide			Sulfide			Ammonia			TKN			Phos, Tot			NO3+NO2			DRO								
		pH as Received		Final pH (if adjust.)	pH as Received		Final pH (if adjust.)	pH as Received		Final pH (if adjust.)	pH as Received		Final pH (if adjust.)	pH as Received		Final pH (if adjust.)	pH as Received		Final pH (if adjust.)	pH as Received		Final pH (if adjust.)	pH as Received		Final pH (if adjust.)	pH as Received		Final pH (if adjust.)	pH as Received		Final pH (if adjust.)
		< 2	Other		> 12	Other		> 9	Other		< 2	Other		< 2	Other		< 2	Other		< 2	Other		< 2	Other			Other			Other	
004	01				✓																										
006	01	✓																													
008	01							✓																							
009	01										✓																				

Environmental Conservation Laboratories, Inc.
10775 Central Port Drive
Orlando FL, 32824
Phone: 407.826.5314 FAX: 407.850.6945

www.encolabs.com

Monday, December 31, 2012

Air, Water and Soil (AI001)

Attn: Jessica Reich

2109 North Hamilton Street

Richmond, VA 23230

RE: Laboratory Results for
Project Number: 12120341, Project Name/Desc: 12120341
ENCO Workorder(s): A207204

Dear Jessica Reich,

Enclosed is a copy of your laboratory report for test samples received by our laboratory on Friday, December 21, 2012.

Unless otherwise noted in an attached project narrative, all samples were received in acceptable condition and processed in accordance with the referenced methods/procedures. Results for these procedures apply only to the samples as submitted.

The analytical results contained in this report are in compliance with NELAC standards, except as noted in the project narrative. This report shall not be reproduced except in full, without the written approval of the Laboratory.

This report contains only those analyses performed by Environmental Conservation Laboratories. Unless otherwise noted, all analyses were performed at ENCO Orlando. Data from outside organizations will be reported under separate cover.

If you have any questions or require further information, please do not hesitate to contact me.

Sincerely,

Ronald Wambles For David Camacho

Project Manager

Enclosure(s)

www.encolabs.com

SAMPLE SUMMARY/LABORATORY CHRONICLE

Client ID: 12120341-003 **Lab ID:** A207204-01 **Sampled:** 12/19/12 14:00 **Received:** 12/21/12 12:05

Parameter	Hold Date/Time(s)		Prep Date/Time(s)		Analysis Date/Time(s)
EPA 8141B	12/26/12	02/02/13	12/24/12	07:30	12/31/2012 00:01

SAMPLE DETECTION SUMMARY

No positive results detected.

www.encolabs.com

ANALYTICAL RESULTS

Description: 12120341-003 **Lab Sample ID:** A207204-01 **Received:** 12/21/12 12:05

Matrix: Ground Water **Sampled:** 12/19/12 14:00 **Work Order:** A207204

Project: 12120341 **Sampled By:** Jessica Reich

Organophosphorus Compounds by GC

^ - ENCO Orlando certified analyte [NELAC E83182]

Analyte [CAS Number]	Results	Flag	Units	DF	MDL	POL	Batch	Method	Analyzed	By	Notes
Azinphos-methyl [86-50-0]^	0.32	U	ug/L	1	0.32	0.50	2L24005	EPA 8141B	12/31/12 00:01	RC	
Chlorpyrifos [2921-88-2]^	0.24	U	ug/L	1	0.24	0.50	2L24005	EPA 8141B	12/31/12 00:01	RC	
Demeton [8065-48-3]	0.23	U	ug/L	1	0.23	0.50	2L24005	EPA 8141B	12/31/12 00:01	RC	
Ethyl Parathion [56-38-2]^	0.28	U	ug/L	1	0.28	0.50	2L24005	EPA 8141B	12/31/12 00:01	RC	
Malathion [121-75-5]^	0.25	U	ug/L	1	0.25	0.50	2L24005	EPA 8141B	12/31/12 00:01	RC	

Surrogates	*Results*	*DF*	*Spike Lvl*	*% Rec*	*% Rec Limits*	*Batch*	*Method*	*Analyzed*	*By*	Notes
Triphenyl phosphate	*5.8*	*1*	*10.0*	*58 %*	*22-165*	*2L24005*	*EPA 8141B*	*12/31/12 00:01*	*RC*	

QUALITY CONTROL DATA

Organophosphorus Compounds by GC - Quality Control

Batch 2L24005 - EPA 3510C

Blank (2L24005-BLK1) Prepared: 12/24/2012 07:30 Analy

Analyte	Result	Flag	PQL	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Azinphos-methyl	0.32	U	0.50	ug/L							
Chlorpyrifos	0.24	U	0.50	ug/L							
Demeton	0.23	U	0.50	ug/L							
Ethyl Parathion	0.28	U	0.50	ug/L							
Malathion	0.25	U	0.50	ug/L							
Surrogate: Triphenyl phosphate	*5.0*			*ug/L*	*10.0*		*50*	*22-165*			

LCS (2L24005-BS1) Prepared: 12/24/2012 07:30 Analy

Analyte	Result	Flag	PQL	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Azinphos-methyl	3.7		0.50	ug/L	4.00		94	10-188			
Chlorpyrifos	4.1		0.50	ug/L	4.00		102	15-172			
Demeton	3.7		0.50	ug/L	4.00		93	53-95			
Ethyl Parathion	3.9		0.50	ug/L	4.00		98	15-183			
Malathion	4.3		0.50	ug/L	4.00		107	17-167			
Surrogate: Triphenyl phosphate	*6.1*			*ug/L*	*10.0*		*61*	*22-165*			

Matrix Spike (2L24005-MS1) Prepared: 12/24/2012 07:30 Analy

Source: A207014-01

Analyte	Result	Flag	PQL	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Azinphos-methyl	4.2		0.50	ug/L	4.00	0.32 U	106	10-188			
Chlorpyrifos	4.4		0.50	ug/L	4.00	0.24 U	110	15-172			
Demeton	4.3		0.50	ug/L	4.00	0.23 U	108	53-95			QM-07
Ethyl Parathion	4.3		0.50	ug/L	4.00	0.28 U	108	15-183			
Malathion	4.7		0.50	ug/L	4.00	0.25 U	118	17-167			
Surrogate: Triphenyl phosphate	*6.7*			*ug/L*	*10.0*		*67*	*22-165*			

Matrix Spike Dup (2L24005-MSD1) Prepared: 12/24/2012 07:30 Analy

Source: A207014-01

Analyte	Result	Flag	PQL	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Azinphos-methyl	4.5		0.50	ug/L	4.00	0.32 U	113	10-188	6	41	
Chlorpyrifos	4.7		0.50	ug/L	4.00	0.24 U	118	15-172	7	27	
Demeton	4.6		0.50	ug/L	4.00	0.23 U	114	53-95	6	30	QM-07
Ethyl Parathion	4.7		0.50	ug/L	4.00	0.28 U	117	15-183	7	28	
Malathion	5.0		0.50	ug/L	4.00	0.25 U	126	17-167	7	39	
Surrogate: Triphenyl phosphate	*6.8*			*ug/L*	*10.0*		*68*	*22-165*			

FLAGS/NOTES AND DEFINITIONS

PQL	PQL: Practical Quantitation Limit.
B	Results are based upon membrane filter colony counts that are outside the method indicated ideal range.
I	The reported value is between the laboratory method detection limit (MDL) and the practical quantitation limit (PQL).
J	Estimated value.
K	Off-scale low; Actual value is known to be less than the value given.
L	Off-scale high; Actual value is known to be greater than value given.
M	Presence of analyte is verified but not quantified; the actual value is less than the MRL but greater than the MDL.
N	Presumptive evidence of presence of material.
O	Sampled, but analysis lost or not performed.
Q	Sample exceeded the accepted holding time.
T	Value reported is less than the laboratory method detection limit. The value is reported for informational purposes only and shall not be used in statistical analysis.
U	Indicates that the compound was analyzed for but not detected.
V	Indicates that the analyte was detected in both the sample and the associated method blank.
Y	The laboratory analysis was from an improperly preserved sample. The data may not be accurate.
Z	Too many colonies were present (TNTC); the numeric value represents the filtration volume.
?	Data are rejected and should not be used. Some or all of the quality control data for the analyte were outside criteria, and the presence or absence of the analyte cannot be determined from the data.
*	Not reported due to interference.
QM-07	The spike recovery was outside acceptance limits for the MS and/or MSD. The batch was accepted based on acceptable LCS recovery.

ENCO
www.encolabs.com

AIR WATER & SOIL LABORATORIES, INC.

ENCO - FL

2109A NORTH HAMILTON STREET
RICHMOND, VIRGINIA 23230
(804) 358-8295 PHONE
(804)358-8297 FAX

CHAIN OF CUSTODY

PAGE ____ OF ____

COMPANY NAME: AWS	INVOICE TO:	PROJECT NAME/Quote #:
CONTACT: Jessica Reich	INVOICE CONTACT:	SITE NAME:
ADDRESS:	INVOICE ADDRESS:	PROJECT NUMBER: 1212034/
PHONE #:	INVOICE PHONE #:	P.O. #:
FAX #: EMAIL: Support@AWSLABS.com		Pretreatment Program:
Is sample for compliance reporting? YES NO	Is sample from a chlorinated supply? YES NO	PWS I.D. #:
SAMPLER NAME (PRINT):	SAMPLER SIGNATURE:	Turn Around Time: Day(s)

Matrix Codes: WW=Waste Water/Storm Water GW=Ground Water DW=Drinking Water S=Soil/Solids OR=Organic A=Air WP=Wipe OT=Other_____

CLIENT SAMPLE I.D.	Grab	Composite	Field Filtered (Dissolved Metals)	Composite Start Date	Composite Start Time	Grab Date or Composite Stop Date	Grab Time or Composite Stop Time	Time Preserved	Matrix (See Codes)	Number of Containers	ANALYSIS / (PRESERVATIVE) Organo Pkgs	Pest	COMMENTS
1) 1212034-003						12/19/12	1400		GW	1	X		A257204
2)													
3)													
4)													
5)													
6)													
7)													
8)													
9)													
10)													

Preservative Codes: N=Nitric Acid C=Hydrochloric Acid S=Sulfuric Acid H=Sodium Hydroxide A=Ascorbic Acid Z=Zinc Acetate T=Sodium Thiosulfate M=Methanol

PLEASE NOTE PRESERVATIVE(S), INTERFERENCE CHECKS or PUMP RATE (L/min)

RELINQUISHED:	DATE / TIME	RECEIVED:	DATE / TIME	QC Data Package	LAB USE ONLY
[signature]	12/20/12	UPS Next Day		Level I ☐	COOLER TEMP 4 °C
RELINQUISHED:	DATE / TIME	RECEIVED:	DATE / TIME	Level II ☐	
		[signature]	12/21/12 1205	Level III ☐	
RELINQUISHED	DATE / TIME	RECEIVED:	DATE / TIME	Level IV ☐	

AWS COC_v111213.xls

FINAL

UNIVERSAL LABORATORIES

REPORT OF ANALYSIS

Order ID: 1212443

(REPORT DATE)
02-Jan-13

TO: Air Water & Soil Laboratories
2109 A North Hamilton Street

Richmond VA 23230

ATTN: Jessica Reich

FaxNumber: (804) 358-8297
E-MAIL

This report contains the analytical results for Project Id N/A
designated as UL Order Id **1212443** and received on *Friday, December 21, 2012*
The results contained in this report relate only to the samples identified on this order. The analytical results meet all requirements of NELAC unless specifically stated. This report shall not be reproduced except in full.

Project 12120341

The data in this report has been reviewed and validated by:

Carol Kleemeier — Signature
Carol Kleemeier — Name
Pres / Tech Director — Title

ANALYTICAL DATA REPORT

UL ORDER ID **1212443**

UL Sample Number 1212443-001
Grab Date/Time: 12/19/2012 14:00:00
Composite Start: N/A
Composite Stop: N/A
Collected By: CLIENT

Sample Site: 12120341-007
Client Sample ID: 12120341-007
Sample Matrix: Wastewater

Parameter	Test Result	Units	RL	Analysis Date/Time	Location	Comment
GC/FPD						
TBT Tributyltin	<0.03	ug/L	0.03	12/31/2012 15:01:00	HAM	

Comments for 1212443-001
No comments.

ANALYTICAL DATA REPORT

UL ORDER ID 1212443

Analytical Methods Reference

VDEH Lab# 00030 (Hampton) VDEH Lab# 00065 (Fredericksburg) NCWW Lab # 543 (Hampton)
NCDW Lab # 51706 (Hampton) VELAP ID 460036 (Hampton) VELAP ID 460164 (Fredericksburg

Description:	*Prep Method:*	*Method*	*Reference*	*accredited/status*
Wastewater				
TBT Tributyltin	liq/liq	GC/FPD		Accredited

NOTE: Analysis is performed according to Universal Laboratories Standard Operating Procedures which are based on the analytical methods referenced above

GLOSSARY OF TERMS AND ABBREVIATIONS

RL (Reporting Limit): The minimum levels, concentrations, or quantities of target analyte that can be reported with a specified degreee of confidence.Generally this number is near or equal to the lowest calibration standard run with the analytical batch.

MDL (Method Detection Limit): The constituent concentration that, when processed through the complete method, produces a signal with a 99% probability that it is different from the blank.

LCS (Laboratory Control Sample): is a sample matrix free from the analytes of interest, spiked with verified amounts of analytes.

MS (Matrix Spike): a sample prepared by adding a known mass of target analyte to a specific amount of sample for which an independant estimate of target analyte concentration is available.

MSD (Matrix Spike Duplicate): is a replicate matrix spike prepared in the laboratory and anlyzed to obtain a measure of the precision recovery for each analtye.

Surrogate is a substance with properties that mimic the analyte of interest.It is unlikely to be found in environmental samples and is added to them for quality control purposes

IS (Internal Standard): is a known amount of standard added to a test portion of the sample as a reference for evaluation and controlling the precsion and bias of the applied analytical method.

RPD (Relative Percent Difference) is the difference between a set of sample duplicates or sample spike duplicates

ICV (Initial Calibration Verification) CCV (Continuing Calibration Verification) FCV (Final Calibration Verification)

Method Blank is a sample matrix similar to the batch of associated samples that is free from analytes of interest and is processed simultaneously with and under the same conditions as samples.

Trip Blank is a sample of analyte free media collected in the same type of container that is required for the analytical test, taken from the laboratory to the sampling site and returned to the laboratory unopened. A trip blank is used to document contamination attributable to shipping and field handling procedures

Holding Time is the maximum times that samples may be held prior to analysis and still be considered valid or not compromised

ug/L=ppb ug/kg=ppb mg/kg=ppm mg/L=ppm

HAM= Analyzed in Hampton Lab

FRED= Analyzed in Fredericksburg Lab

QC Flag	Description
B	Analyte found in method blank
H	Holding time exceeded
L	LCS outside acceptable limits
V	ICV/CCV/FCV outside acceptable limits
D	RPD outside acceptable limits
MS	Matrix spike recovery outside acceptable limits
J	Result above calibration curve approximate value
QC	Method QC Critera not met
MI	Matrix Interference
S	Surrogate outside acceptable limits
IS	Internal standard outside acceptable limits

AIR WATER SOIL LABORATORIES, INC.

Universal LABS 1212443

2109A NORTH HAMILTON STREET
RICHMOND, VIRGINIA 23230
(804) 358-8295 PHONE
(804)358-8297 FAX

CHAIN OF CUSTODY

PAGE _____ OF _____

COMPANY NAME: AWS	INVOICE TO:	PROJECT NAME/Quote #:
CONTACT: Jessica Reid	INVOICE CONTACT:	SITE NAME:
ADDRESS:	INVOICE ADDRESS:	PROJECT NUMBER: 1212034
PHONE #:	INVOICE PHONE #:	P.O. #:
FAX #: EMAIL: support@AWSLABS.com		Pretreatment Program:
Is sample for compliance reporting? YES NO	Is sample from a chlorinated supply? YES NO	PWS I.D. #:
SAMPLER NAME (PRINT):	SAMPLER SIGNATURE:	Turn Around Time: 10 Day(s)

Matrix Codes: WW=Waste Water/Storm Water GW=Ground Water DW=Drinking Water S=Soil/Solids OR=Organic A=Air WP=Wipe OT=Other_____

CLIENT SAMPLE I.D.	Grab	Composite	Field Filtered (Dissolved Metals)	Composite Start Date	Composite Start Time	Grab Date or Composite Stop Date	Grab Time or Composite Stop Time	Time Preserved	Matrix (See Codes)	Number of Containers	ANALYSIS / (PRESERVATIVE) TBT								COMMENTS
1) 1212034-007						12/19/12	1400		WW	2	X								
2)																			
3)																			
4)																			
5)																			
6)																			
7)																			
8)																			
9)																			
10)																			

Preservative Codes: N=Nitric Acid C=Hydrochloric Acid S=Sulfuric Acid H=Sodium Hydroxide A=Ascorbic Acid Z=Zinc Acetate T=Sodium Thiosulfate M=Methanol

PLEASE NOTE PRESERVATIVE(S), INTERFERENCE CHECKS or PUMP RATE (L/min)

RELINQUISHED:	DATE / TIME 12/20/12	RECEIVED: UPS	DATE / TIME
RELINQUISHED:	DATE / TIME	RECEIVED: M	DATE / TIME 12/21/12 12:00
RELINQUISHED:	DATE / TIME	RECEIVED:	DATE / TIME

QC Data Package
- Level I ☐
- Level II ☐
- Level III ☐
- Level IV ☐

LAB USE ONLY COOLER TEMP On Ice °C

Inboden Environmental Services, Inc.
IES
Inboden Environmental Services, Inc.
5790 Main Street, Mt. Jackson, VA 22842

Analytical Report Form

Customer:	CULPEPER COUNTY- CLEVENGERS SITE 19525 CLEVENGERS UTILITY	**Report Date:**	12/27/2012
		Batch ID:	
		Received Date:	12/19/2012
Contact:	JONATHON WEAKLEY	**Sampler:**	Sampled by, Client
Special Notes:	Site A	**Sample Priority:**	Normal

Sample Location:	Final	**Sample Type:**	Grab - Wastewater
Sample ID Number:	1212191617	**Sample Date & Time:**	12/19/2012 12:06 PM

Parameter	Result	IES QL	Units	Method	Analysis Date	Analysis Time	Analyst
E.coli	34	1	N/CML	*Colilert-18	12/19/2012	16:30	fr

Notes:

Analytes with an asterisk (*) present indicate NELAP accreditation. Analytes that have no asterisk(*) are not NELAP accredited.

IES Quantification Limit is the concentration of the lowest calibration standard above zero with a reliable signal.

SM represents "Standard Methods for the Examination of Water and Wastewater", 18th Edition, 1992.

Reviewed and approved for Inboden Environmental Services, Inc.

By: Shaun T. Mitchem Date: DEC 28 2012

Shaun T. Mitchem, Laboratory Director

540-477-3300 • 1-800-648-1010 • Fax 540-477-3360
email: frontdesk@4ies.com
NELAP Accredited DCLS VA Laboratory ID# 460024

CHAIN OF CUSTODY

INBODEN ENVIRONMENTAL SERVICES, INC.
5790 MAIN STREET
MT. JACKSON, VA 22842
PHONE: (540) 477-3300 FAX: (540) 477-3360

Client:	Culpeper County-Clevengers Site			Contact Person:	Jonathon Weakley
Address:	19525 Clevengers Utility Road			Submit Report to:	Jonathon Weakley
City:	Culpeper	State: VA	Zip: 22701	Submit Bill to:	118 West Davis Street, Suite 101 Culpeper
Project ID:	Clevengers	Phone: 540-727-3409	Fax:	P.O. Number:	Cust #:

SAMPLE REPORTING INFORMATION - CHECK ALL THAT APPLY

COMPLIANCE: ■ VPDES / VMR / VPA ☐ NON-COMPLIANCE ☐ PWSID: ☐ OTHER:

MATRIX: ■ WASTEWATER ☐ DRINKING WATER ☐ SOLID WASTE ☐ OTHER:

TURNAROUND TIME: ■ NORMAL ☐ RUSH: SPECIFY DUE DATE: NOTE: ADDITIONAL CHARGES APPLY FOR ALL REQUESTED RUSH ANALYSIS

SAMPLE INFORMATION / ANALYSIS REQUESTED

LOCATION	SAMPLER INITIALS	SAMPLE DATE	SAMPLE TIME	SAMPLE *TYPE	SAMPLE CONTAINER (G or P)	PARAMETER	PRESERVATIVE (see below key)	Receipt Temperature
				C	P	AMMONIA, TKN, TOTAL P	1,2	
				C	P	BOD,CBOD5	1	
				C	P	TSS	1	
FINAL	KK	12-19-12	1206	G	P	E.COLI VA	1,6	4
				G	P	HARDNESS	1,3	
				C	P	NITRATE,NITRITE	1,3	

Receipt Temperature Date&Time _____ Sample(s) Arrived on Ice: _____ Q6 Qualifier=Sample(s) received above recommended temperature. Approved to analyze by Customer Initial _____

COMMENTS: This extra e.coli is for attachment A requirements.

*DESIGNATE EITHER GRAB OR COMPOSITE

METHOD OF PRESERVATION KEY:

(1) COOL, 4°C (3) HNO_3 (5) HCL (7) $Na_2S_2O_3$ (9) Ascorbic Acid
(2) H_2SO_4 (4) NaOH (6) Na_2SO_3 (8) None (10) Filter

SAMPLE RELINQUISHED BY	DATE	TIME	SAMPLE RECEIVED BY	DATE	TIME	MEANS OF DELIVERY
K. Kennedy	12-19-12	1325	Rebecca M Pritchett	12/19/12	1:35 P	
Rebecca M Pritchett	12/19/12	3:35P	Mark Lutz	12/19/12	1535	To L.L

Paul Howard, Jr.
Director of Environmental Services
118 W. Davis Street, Suite 101, Culpeper, Virginia 22701
Telephone: (540) 727-3409 Fax: (540) 727-3436
E-mail: phoward@culpepercounty.gov

December 13, 2012

Ms. Susan Mackert
Virginia DEQ NRO
13901 Crown Court
Woodbridge VA 22193-1453

RE: VA0080527 Clevengers Village WWTP
Revised Renewal Application for VPDES Permit

Dear Ms. Mackert,

Please find an original and two copies of the Revised VPDES Permit Renewal Application addressing the comments in your November 29, 2012, letter. I have included a copy of your letter for reference and convenience.

If you have any questions or need additional information, please contact me at 540-727-3409.

Sincerely,

Paul Howard Jr.
Director of Environmental Services

COMMONWEALTH of VIRGINIA

DEPARTMENT OF ENVIRONMENTAL QUALITY

NORTHERN REGIONAL OFFICE
13901 Crown Court, Woodbridge, Virginia 22193
(703) 583-3800 Fax (703) 583-3821
www.deq.virginia.gov

Douglas W. Domenech
Secretary of Natural Resources

David K. Paylor
Director

Thomas A. Faha
Regional Director

November 29, 2012

Mr. Paul Howard, Jr.
Director of Environmental Services
Culpeper County
118 W. Davis Street, Suite 101
Culpeper, VA 22701

Re: Application for Virginia Pollutant Discharge Elimination System (VPDES) Permit No. VA0080527
Clevengers Village WWTP

Dear Mr. Howard:

This is to advise you that the Department of Environmental Quality has reviewed your VPDES permit application received on November 21, 2012, and considers it incomplete. Please provide the following amendments and/or clarification to your original permit application submission in order for us to commence processing your permit application:

Permit Application Form 2C ✓	Part A.11. Description of Treatment. The previous application package (2008) indicated advanced treatment would be provided. With this reissuance, only secondary treatment is indicated as being provided. Please provide clarification as to why this application indicates secondary.
VPDES Sewage Sludge Permit Application Form	Section A.6. Line Drawing. It is indicated within the screening information section of the Sewage Sludge Application Form that the facility will generate sewage sludge. Please provide a narrative of sludge treatment, handling, and disposal for the WWTP and resubmit Section A of the Sewage Sludge Permit Application Form.
VPDES Sewage Sludge Permit Application Form	Section A.7. Contractor Information. It is indicated within the screening information section of the Sewage Sludge Application Form that the facility will generate sewage sludge, yet no disposal options are presented within the Sewage Sludge Application Form. Please provide information as to the disposal option utilized by the facility, and any such contractor utilized. Please resubmit Section A of the Sewage Sludge Permit Application Form.
VPDES Sewage Sludge Permit Application Form	Section A.7. Certification. It is indicated within the screening information section of the Sewage Sludge Application Form that the facility will generate sewage sludge. As such, Section B of the Sewage Sludge Permit Application Form must be completed. Please update this section to include Section B as being submitted and resubmit Section A of the Sewage Sludge Permit Application Form.
VPDES Sewage Sludge Permit Application Form	Part B. Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge. It is indicated within the screening information section of the Sewage Sludge Application Form that the facility will generate sewage sludge. As such, Section B of the Sewage Sludge Application Form must be completed. Please complete Section B as appropriate based on the method of sludge disposal for the Clevengers Village WWTP and submit.

According to your current VPDES permit, your complete application for reissuance is due 180 days before the permit expires. In the event your VPDES permit expires as a result of your failure to reapply in a timely manner, your facility will be considered as "discharging without a valid VPDES permit". This is a violation of the State Water Control Law and state regulations, should you discharge after the expiration date of your current permit.

Please provide the required amendments to your November 20, 2012, application to the Northern Regional Office by December 17, 2012. Please remember to provide the original and one copy of the requested documents.

Please contact me at (703) 583-3853 or susan.mackert@deq.virginia.gov if you have questions about this letter or if you foresee being unable to provide the necessary amendments by December 17, 2012.

Sincerely,

Susan D. Mackert

Susan D. Mackert
Environmental Specialist II, Senior II

cc: Becky Vice – Compliance Auditor

Please print or type in the unshaded areas only. *REVISED*

Form Approved. OMB No. 2040-0086.

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY
GENERAL INFORMATION
Consolidated Permits Program
(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

S			T/A	C-
F				D
1	2	13	14	15

LABEL ITEMS	
I.	EPA I.D. NUMBER
III.	FACILITY NAME
V.	FACILITY MAILING ADDRESS
VI.	FACILITY LOCATION

VA0080527
Clevengers Village WWTP
118 West Davis Street, Suite 101
Culpeper, VA 22701
Culpeper County, VA

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms**.

SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)	X (16)	(17)	X (18)	B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)	(19)	X (20)	(21)
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)	(22)	X (23)	(24)	D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)	(25)	X (26)	(27)
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)	(28)	X (29)	(30)	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	(31)	X (32)	(33)
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	(34)	X (35)	(36)	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	(37)	X (38)	(39)
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	(40)	X (41)	(42)	J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)	(43)	X (44)	(45)

III. NAME OF FACILITY

1 SKIP: CLEVENGERS VILLAGE WASTEWATER TREATMENT PLANT

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 PAUL HOWARD JR., DIRECTOR OF ENVIRONMENTAL SERVICES	(540) 727-3409

V. FACILTY MAILING ADDRESS

A. STREET OR P.O. BOX: 3 118 WEST DAVIS STREET, SUITE 101

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 CULPEPER	VA	22701

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER: 5 19525 CLEVENGERS UTILITY ROAD

B. COUNTY NAME: CULPEPER

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 JEFFERSONTON	VA	22724	

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

VII. SIC CODES *(4-digit, in order of priority)*

A. FIRST	B. SECOND
4952 — *(specify)* Sewerage Systems: establishments primarily engaged in the collection and disposal of wastes conducted through a sewer system, including such treatment processes.	*(specify)*
C. THIRD	**D. FOURTH**
(specify)	*(specify)*

VIII. OPERATOR INFORMATION

A. NAME	B. Is the name listed in item VIII-A also the owner?
COUNTY OF CULPEPER	☑ YES ☐ NO

C. STATUS OF OPERATOR *(Enter the appropriate letter into the answer box: if "Other," specify.)*			D. PHONE *(area code & no.)*
F = FEDERAL S = STATE P = PRIVATE	M = PUBLIC *(other than federal or state)* O = OTHER *(specify)*	M — *(specify)* COUNTY OF CULPEPER	(540) 727-3409

E. STREET OR P.O. BOX
118 WEST DAVIS STREET, SUITE 101

F. CITY OR TOWN	G. STATE	H. ZIP CODE	IX. INDIAN LAND
CULPEPER	VA	22701	Is the facility located on Indian lands? ☐ YES ☑ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*	D. PSD *(Air Emissions from Proposed Sources)*
9 N — N/A	9 P — N/A
B. UIC *(Underground Injection of Fluids)*	**E. OTHER** *(specify)*
9 U — N/A	9 — N/A — *(specify)*
C. RCRA *(Hazardous Wastes)*	**E. OTHER** *(specify)*
9 R — N/A	9 — N/A — *(specify)*

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS *(provide a brief description)*

The County of Culpeper is a municipality that provides water and sewerage services to the public.

XIII. CERTIFICATION *(see instructions)*

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE *(type or print)*	B. SIGNATURE	C. DATE SIGNED
PAUL HOWARD JR., DIRECTOR OF ENVIRONMENTAL SERVICES	Paul Howard	12/13/12

COMMENTS FOR OFFICIAL USE ONLY

C

EPA Form 3510-1 (8-90)

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name: CLEVENGERS VILLAGE WASTEWATER TREATMENT PLANT

Mailing Address: 118 W DAVIS STREET, SUITE 101
CULPEPER, VA 22701

Contact person: PAUL HOWARD JR.

Title: DIRECTOR OF ENVIRONMENTAL SERVICES

Telephone number: (540) 727-3409

Facility Address (not P.O. Box): 19525 CLEVENGERS UTILITY ROAD, JEFFERSONTON, VA 22724

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name: COUNTY OF CULPEPER

Mailing Address: 118 W DAVIS STREET, SUITE 101, CULPEPER, VA 22701

Contact person: PAUL HOWARD JR.

Title: DIRECTOR OF ENVIRONMENTAL SERVICES

Telephone number: (540) 727-3409

Is the applicant the owner or operator (or both) of the treatment works?

✓ owner ✓ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

_____ facility ✓ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES	N/A	PSD	N/A
UIC	N/A	Other	N/A
RCRA	N/A	Other	N/A

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
SOUTH WALES	750	SEPARATE	MUNICIPAL

Total population served 750

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

_____ Yes ✓ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

_____ Yes ✓ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 0.9 mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	0.056	0.056	0.056	mgd
c. Maximum daily flow rate	0.106	0.106	0.106	mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

✓ Separate sanitary sewer	100 %
_____ Combined storm and sanitary sewer	_____ %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? ✓ Yes _____ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1
ii. Discharges of untreated or partially treated effluent 0
iii. Combined sewer overflow points 0
iv. Constructed emergency overflows (prior to the headworks) 0
v. Other _____ _____

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? _____ Yes ✓ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge _____ continuous or _____ intermittent?

c. Does the treatment works land-apply treated wastewater? _____ Yes ✓ No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application _____ continuous or _____ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? _____ Yes ✓ No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

N/A

If transport is by a party other than the applicant, provide:

Transporter name: _____

Mailing Address: _____

_____

Contact person: _____

Title: _____

Telephone number: _____

For each treatment works that receives this discharge, provide the following:

Name: N/A

Mailing Address: _____

_____

Contact person: _____

Title: _____

Telephone number: _____

If known, provide the NPDES permit number of the treatment works that receives this discharge. _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____ mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? _____ Yes ✓ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

_____

Annual daily volume disposed of by this method: _____

Is disposal through this method _____ continuous or _____ intermittent?

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a**, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number 001

b. Location
JEFFERSONTON (City or town, if applicable) — 22724 (Zip Code)
CULPEPER (County) — VIRGINIA (State)
38° 39.729 N (Latitude) — 77° 58.829 W (Longitude)

c. Distance from shore (if applicable) _____ ft.

d. Depth below surface (if applicable) _____ ft.

e. Average daily flow rate 0.053 mgd

f. Does this outfall have either an intermittent or a periodic discharge? _____ Yes ✓ No (go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs: _____

Average duration of each discharge: _____

Average flow per discharge: _____ mgd

Months in which discharge occurs: _____

g. Is outfall equipped with a diffuser? _____ Yes ✓ No

A.10. Description of Receiving Waters.

a. Name of receiving water RAPPAHANNOCK RIVER

b. Name of watershed (if known) RAPPAHANNOCK RIVER

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin (if known): RAPPAHANNOCK RIVER

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

d. Critical low flow of receiving stream (if applicable):
acute 0.97 MGD cfs chronic 1.2 MGD cfs

e. Total hardness of receiving stream at critical low flow (if applicable): 26.5 mg/l of $CaCO_3$

A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

✓ Primary ✓ Secondary

✓ Advanced _____ Other. Describe: _____

b. Indicate the following removal rates (as applicable):

Design BOD_5 removal or Design $CBOD_5$ removal	95	%
Design SS removal	95	%
Design P removal	95	%
Design N removal	90	%
Other Ammonia	95%	%

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

ULTRAVIOLET

If disinfection is by chlorination, is dechlorination used for this outfall? _____ Yes _____ No

d. Does the treatment plant have post aeration? ✓ Yes _____ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.8	s.u.			
pH (Maximum)	8.6	s.u.			
Flow Rate	0.106	MGD	0.056	MGD	679
Temperature (Winter)	19.8	deg C	13.7	deg C	157
Temperature (Summer)	27.1	deg C	24.1	deg C	91

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN	BOD-5	5	mg/L	0.5	mg/L	140	SM 5210-B	2
DEMAND (Report one)	CBOD-5	9	mg/L	0.22	mg/L	147	SM-5210-B	2
FECAL COLIFORM		1732	N/CML	45	N/CML	288	Colilert-18	1
TOTAL SUSPENDED SOLIDS (TSS)		14	mg/L	2	mg/L	289	SM-2540-D	1SM 5210

END OF PART A.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

0.005 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

Manhole Repairs

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

a. The area surrounding the treatment plant, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground.

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g, chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ____Yes ✓No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

_____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

N/A

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

____Yes ____No

c If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

_____

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

	Schedule	Actual Completion
Implementation Stage	MM / DD / YYYY	MM / DD / YYYY
– Begin construction	___/___/____	___/___/____
– End construction	___/___/____	___/___/____
– Begin discharge	___/___/____	___/___/____
– Attain operational level	___/___/____	___/___/____

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ____Yes ____No

Describe briefly: _____

_____

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 001

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	12.1	mg/L	1.9	mg/L	132	SM-4500nh3-F	0.2
CHLORINE (TOTAL RESIDUAL, TRC)	N/A UV Disin						
DISSOLVED OXYGEN	29	mg/L	9	mg/L	659	DO Probe	1
TOTAL KJELDAHL NITROGEN (TKN)	18.6	mg/L	1.7	mg/L	168	ASTM D3590-02	0.5
NITRATE PLUS NITRITE NITROGEN	21.4	mg/L	5.7	mg/L	45	300.0	0.06
OIL and GREASE	N/A						
PHOSPHORUS (Total)	0.73	mg/L	0.17	mg/L	46	HACH 8190	0.05
TOTAL DISSOLVED SOLIDS (TDS)	N/A						
OTHER							

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:
Clevengers Village WWTP VA0080527

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

✓ Basic Application Information packet

Supplemental Application Information packet:

_____ Part D (Expanded Effluent Testing Data)

_____ Part E (Toxicity Testing: Biomonitoring Data)

_____ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

_____ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: PAUL HOWARD JR, DIRECTOR OF ENVIRONMENTAL SERVICES

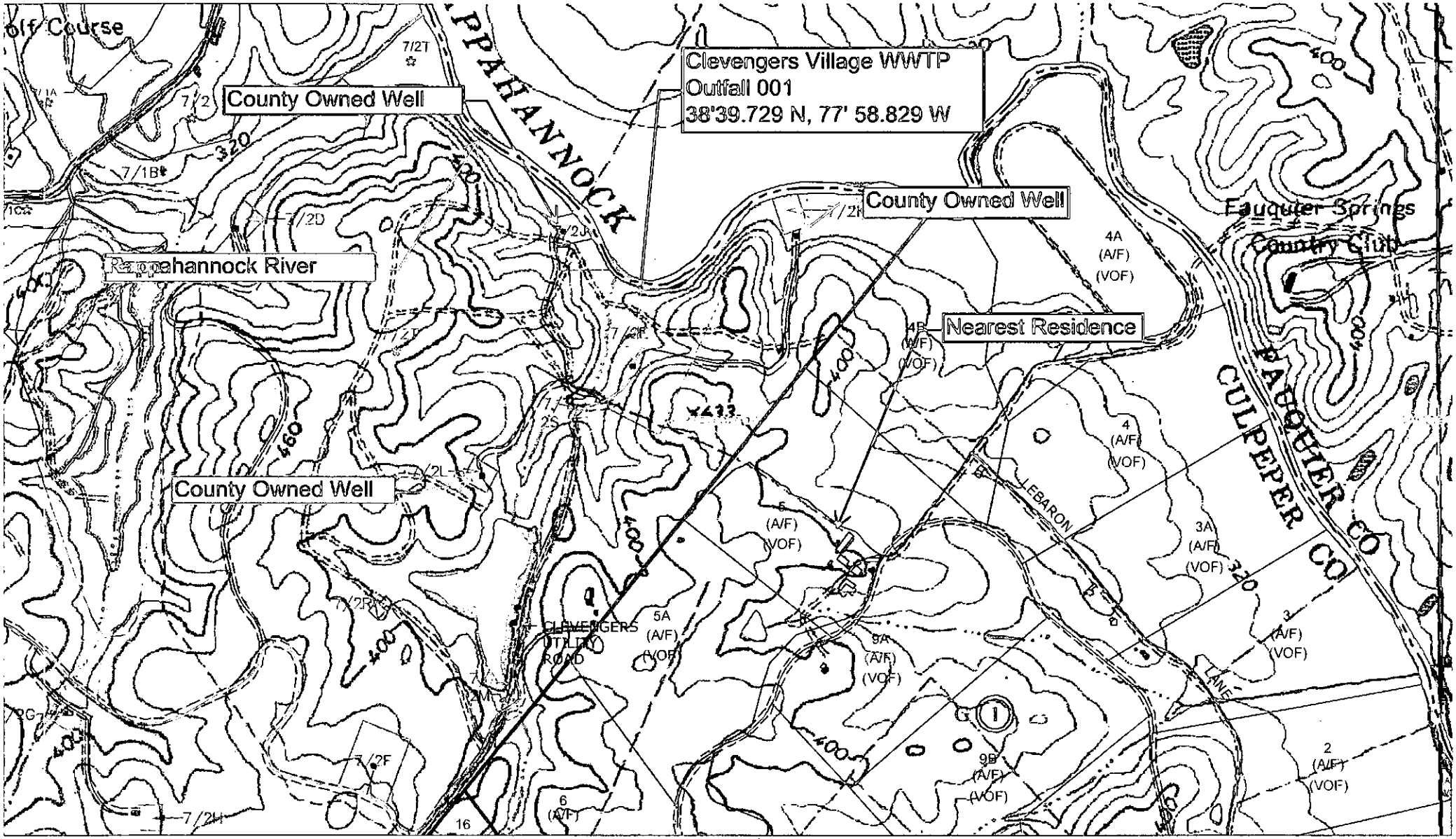
Signature: Paul Howard

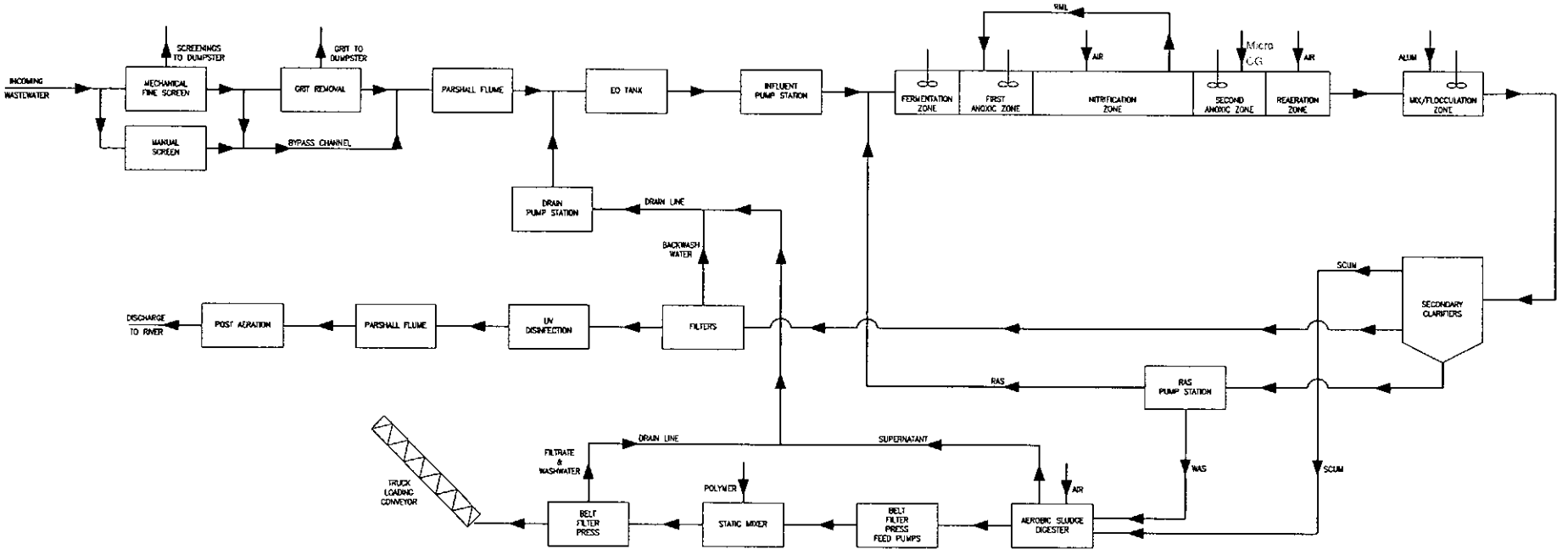
Telephone number: (540) 727-3409

Date signed: 12/13/12

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:


Clevengers Village WWTP
Outfall 001
38°39.729 N, 77° 58.829 W
County Owned Well
County Owned Well
County Owned Well
Rappahannock River
Nearest Residence
Fauquier Springs Country Club
CULPEPER CO
FAUQUIER CO
LEBARON
CLEVENGERS UTILITY ROAD
LANE



DESIGN CRITERIA (8,100 people/3,000 ERC)

Average Annual Daily Flow	0.90 MGD
Peak Hourly Flow	1.80 MGD
Peak Equalized Flow	1.20 MGD

	INFLUENT		INFLUENT	EFFLUENT
BOD	80	g/person/d	220 mg/L	3 mg/L
TSS	90	g/person/d	220 mg/L	3 mg/L
TKN	14	g/person/d	35 mg/L	- mg/L
Ammonia	12	g/person/d	30 mg/L	- mg/L
Total Nitrogen	-	g/person/d	- mg/L	6 mg/L
Total Phosphorus	2	g/person/d	5 mg/L	0.3 mg/L

UNIT CAPACITY/VOLUME SUMMARY

Fine Screen (1)	1.80 MGD
Manual Bar Screen (1)	2 MGD
Grit Removal (1)	2.50 MGD
Influent Parshall Flume (1)	2.5 MGD
Influent Pumps (4)	350 gpm (each)
Flow Equalization Tanks (3)	109,000 gal (each)
BNR Basins (3)	255,000 gal (each)
RML Pumps (3)	633 gpm (each)
Secondary Clarifiers (3)	35' diam x 18' SWD (each)
Filters (3)	100 sq ft (each)
RAS Pumps (5)	216 gpm (each)
Aerobic Sludge Digesters (3)	110,000 gal (each)
Effluent Parshall Flume (1)	2.50 MGD
BFP Feed Pumps (3)	100 gpm (each)
Belt Filter Press (1)	700 lb/hr
Blower (4)	1,200 scfm (each)

REV.	DATE	BY	APP.	DESCRIPTION

Wiley & Wilson
Employee-Owned
2310 Langhorne Road
Lynchburg, VA 24501-1547
www.wileywilson.com

HOLE MONTES
950 Encore Way
Naples, FL 34110
Phone: (239) 254-2000
ENGINEERS PLANNERS SURVEYORS

DESIGNED	DRAWN
RED	GDP
CHECKED	REVIEWED
HCP	
COMM. NO.	CTRL. NO.
CDNM	
CADD NO.	
Ancillary Process Flow Diagram	
DATE	
OCTOBER 28, 2005	

PROJECT: Clevenger's Village Wastewater Treatment Plant Culpeper County, Virginia

TITLE: PROCESS FLOW DIAGRAM

DWG. NO.: M101

REV.: 0

FACILITY NAME: Clevengers Village WWTP VPDES PERMIT NUMBER: VA0080527

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into sections. Sections A pertain to all applicants. The applicability of Sections B, C and D depend on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Will this facility generate sewage sludge? _X_ Yes __ No

   Will this facility derive a material from sewage sludge? __ Yes _X_ No

   If you answered Yes to either, complete Section B (Generation Of Sewage Sludge Or Preparation Of A Material Derived From Sewage Sludge).

3. Will this facility apply sewage sludge to the land? __ Yes _X_ No

   Will sewage sludge from this facility be applied to the land? __ Yes _X_ No

   If you answered No to both questions above, skip Section C.

   If you answered Yes to either, answer the following three questions:

   a. Will the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?
   __ Yes __ No

   b. Will sewage sludge from this facility be placed in a bag or other container for sale or give-away for application to the land? __ Yes __ No

   c. Will sewage sludge from this facility be sent to another facility for treatment or blending? __ Yes __ No

   If you answered No to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

   If you answered Yes to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? __ Yes _X_ No

   If Yes, complete Section D (Surface Disposal).

SECTION A. GENERAL INFORMATION

All applicants must complete this section.

1. Facility Information.
   a. Facility name: Clevengers Village WWTP
   b. Contact person: Paul Howard Jr.
      Title: Director of Environmental Services
      Phone: (540) 727-3409
   c. Mailing address: 118 West Davis Street, Suite 101
      Street or P.O. Box:
      City or Town: Culpeper State: VA Zip: 22701
   d. Facility location:
      Street or Route #: 19525 Clevengers Utility Road
      County: Culpeper
      City or Town: Jeffersonton State: VA Zip: 22724
   e. Is this facility a Class I sludge management facility? __Yes _X_No
   f. Facility design flow rate: 0.900 mgd
   g. Total population served: 750
   h. Indicate the type of facility:
      _X_ Publicly owned treatment works (POTW)
      ___ Privately owned treatment works
      ___ Federally owned treatment works
      ___ Blending or treatment operation
      ___ Surface disposal site
      ___ Other (describe):

2. Applicant Information. If the applicant is different from the above, provide the following:
   a. Applicant name:
   b. Mailing address:
      Street or P.O. Box:
      City or Town: _____ State: _____ Zip:
   c. Contact person:
      Title:
      Phone: ( )
   d. Is the applicant the owner or operator (or both) of this facility?
      _____owner _____ operator
   e. Should correspondence regarding this permit be directed to the facility or the applicant? (Check one)
      _____ facility _____ applicant

3. Permit Information.
   a. Facility's VPDES permit number (if applicable): VA0080527
   b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:

Permit Number:	Type of Permit:
N/A	

4. Indian Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? __Yes _X_No If yes, describe:

5. Topographic Map. Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:
   a. Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
   b. Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.

6. Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction. **[See Attached Sludge Management Plan]**

7. Contractor Information. Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? _X_ Yes __ No
If yes, provide the following for each contractor (attach additional pages if necessary).
Name: Republic Waste - Old Dominion Landfill

Mailing address: 2001 Charles City Road
Street or P.O. Box:
City or Town: Richmond State: VA Zip: 23231
Phone: (540) 373-3244
Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:
Old Dominion Sanitary Landfill - DEQ Solid Waste Facility Permit 553Permit

If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).
Republic Waste transports the sludge from the Culpeper County Solid Waste Transfer Station (DEQ PBR 140) to their Old Dominion Sanitary Landfill in Richmond, VA and landfills the sludge.

8. Pollutant Concentrations. Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old. N/A - **(Landfilled)**

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

9. Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:

__X__ Section A (General Information)
__X__ Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)

____Section C (Land Application of Bulk Sewage Sludge)
____Section D (Surface Disposal)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Paul Howard, Director of Env Services

Signature Paul Howard Date Signed 12/13/12

Telephone number 540-727-3409

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

1. Amount Generated On Site.
   Total dry metric tons per 365-day period generated at your facility: 92 dry metric tons

2. Amount Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary.
   a. Facility name: N/A
   b. Contact Person:
      Title:
      Phone ( )
   c. Mailing address:
      Street or P.O. Box:
      City or Town:_____ State:_____ Zip:
   d. Facility Address:
      (not P.O. Box)
   e. Total dry metric tons per 365-day period received from this facility:_____ dry metric tons
   f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:

3. Treatment Provided at Your Facility.
   a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?
      __Class A __Class B _X_Neither or unknown
   b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge: Aerobic Digestion, dewatering with a belt filter press.

   c. Which vector attraction reduction option is met for the sewage sludge at your facility?
      _X_ Option 1 (Minimum 38 percent reduction in volatile solids)
      ___ Option 2 (Anaerobic process, with bench-scale demonstration)
      ___ Option 3 (Aerobic process, with bench-scale demonstration)
      ___ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
      ___ Option 5 (Aerobic processes plus raised temperature)
      ___ Option 6 (Raise pH to 12 and retain at 11.5)
      ___ Option 7 (75 percent solids with no unstabilized solids)
      ___ Option 8 (90 percent solids with unstabilized solids)
      ___ None or unknown
   d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge: Aerobic digestion then dewatering with a belt filter press.

   e. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above:

4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One of Vector Attraction Reduction Options 1-8 (EQ Sludge).
   (If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)
   a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land: _____ dry metric tons
   b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away?

__Yes __No

5. Sale or Give-Away in a Bag or Other Container for Application to the Land.

(Complete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this question if sewage sludge is covered in Question 4.)

a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land:_____ dry metric tons

b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

6. Shipment Off Site for Treatment or Blending.

(Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.)

a. Receiving facility name:

b. Facility contact:
Title:
Phone: ( )

c. Mailing address:
Street or P.O. Box:
City or Town:_____ State:_____ Zip:

d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: _____ dry metric tons

e. List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:

Permit Number:	Type of Permit:
_____	
_____	

f. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility? ___Yes __No
Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?
__Class A __Class B __Neither or unknown
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge:

g. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? __Yes __No
Which vector attraction reduction option is met for the sewage sludge at the receiving facility?
__ Option 1 (Minimum 38 percent reduction in volatile solids)
__ Option 2 (Anaerobic process, with bench-scale demonstration)
__ Option 3 (Aerobic process, with bench-scale demonstration)
__ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
__ Option 5 (Aerobic processes plus raised temperature)
__ Option 6 (Raise pH to 12 and retain at 11.5)
__ Option 7 (75 percent solids with no unstabilized solids)
__ Option 8 (90 percent solids with unstabilized solids)
__ None unknown
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge:

h. Does the receiving facility provide any additional treatment or blending not identified in f or g above?
__Yes __No
If yes, describe, on this form or another sheet of paper, the treatment processes not identified in f or g above:

i. If you answered yes to f., g or h above, attach a copy of any information you provide to the receiving facility

to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.G.

j Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? __Yes __No
If yes, provide a copy of all labels or notices that accompany the product being sold or given away.

k. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? ___ Yes ___ No. If no, provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility.
Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported.

7. Land Application of Bulk Sewage Sludge.
(Complete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6; complete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)

a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites:_____dry metric tons

b. Do you identify all land application sites in Section C of this application? __Yes __No
If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).

c. Are any land application sites located in States other than Virginia? __Yes __No
If yes, describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.

d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).

8. Surface Disposal.
(Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.)

a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites: _____ dry metric tons

b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?
__Yes __No
If no, answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.

c. Site name or number:

d. Contact person:
Title:
Phone: ( )
Contact is: __Site Owner __Site operator

e. Mailing address.
Street or P.O. Box:
City or Town:_____ State:_____ Zip:

f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: _____ dry metric tons

g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:

Permit Number:	Type of Permit:
_____	
_____	

9. Incineration.
(Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)

a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: _____ dry metric tons

b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?
___Yes ___No
If no, answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.

c. Incinerator name or number:

d. Contact person:
Title:
Phone: ( )
Contact is: ___Incinerator Owner ___Incinerator Operator

e. Mailing address.
Street or P.O. Box:
City or Town:_____ State:_____ Zip:

f. Total dry metric tons per 365-day period of sewage sludge from your facility fired in this sewage sludge incinerator: _____ dry metric tons

g. List on this form or an attachment the numbers of all other federal, state or local permits that regulate the firing of sewage sludge at this incinerator:

Permit Number:	Type of Permit:

10. Disposal in a Municipal Solid Waste Landfill.
(Complete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.)

a. Landfill name: Old Dominion Landfill

b. Contact person: Mr. David Haskins
Title: Special Waste Representative
Phone: (804) 479-0196
Contact is: _X_Landfill Owner ___Landfill Operator

c. Mailing address.
Street or P.O. Box: 124 Greene Drive
City or Town: Yorktown State: VA Zip: 23692

d. Landfill location.
Street or Route #: 2001 Charles City Road
County:
City or Town: Richmond State: VA Zip: 23231

e. Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill:
approx. 92 dry metric tons

f. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill:

Permit Number:	Type of Permit:
553	DEQ Solid Waste Facility

g. Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill?
_X_Yes __No

h. Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq.? _X_Yes __No

i. Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill be watertight and covered? _X__ Yes ___ No
Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported. Route 229 South to Route 522 North to the Culpeper County Solid Waste Transfer Station, then Route 3 East to Interstate 95 South to Richmond Va. Sludge is typically hauled 2-3 times per month, Monday through Friday, between 0800-1700 Hrs.

County of Culpeper
Clevengers Wastewater Treatment Plant
VA0080527

19525 Clevengers Utility Road
Jeffersonton, Virginia 22724

Sludge Management Plan (SMP)

Introduction:

The Clevengers Wastewater Treatment Plant is designed to treat 0.9 MGD of influent from the County's Clevengers Corner Service Area near the intersection of Routes 229 and 211, approximately 15 miles north of Culpeper. The plant's treatment train is known as a 5-stage Bardenpho process. The facility is constructed in a modular layout consisting of three modules or treatment trains, each capable of treating 300,000 gallons per day (0.30 MGD).

The liquid process train is composed of preliminary treatment (screening, grit removal and flow measurement), flow equalization, biological nutrient removal (fermentation zone, first anoxic zone, nitrification zone, second anoxic zone with supplemental carbon source, reaeration zone), chemical mixing/flocculation zone utilizing aluminum sulfate, secondary clarification, filtration UV disinfection, flow measurement, post aeration with final discharge to the Rappahannock river.

The waste activated sludge (WAS) is processed along a separate treatment train referred to as the solids stream, consisting of aerobic digestion, solids conditioning and dewatering The WAS is pumped to one of three aerobic digesters, aerated with coarse bubble diffusers and then pumped to the belt filter press. The plant's sewage sludge handling facility is designed to thicken and WAS from the on-site biological treatment process. Prior to the dewatering equipment (belt filter press), the WAS is pumped to one of three aerated sludge holding tanks (aerobic digesters) where the contents are aerated, stored and decanted prior to being pumped to a belt filter press for dewatering.

Dewatered sludge cake is conveyed to a covered roll off box and transported to Culpeper County's Laurel Valley Transfer Station located on 14017 Laurel Valley Place, approximately 5 miles northwest of Culpeper, off Route 522 for offsite management in a sanitary waste landfill (Old Dominion Landfill, Richmond, VA, DEQ Solid Waste Permit 553) licensed by the Virginia Department of Environmental Quality. The transportation of sludge cake will be via truck using Routes 229 and 522, then Route 3 to Route 95S to Richmond.

VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued:** County of Culpeper

Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. **Is this facility located within city or town boundaries?** Yes ☐ No X

3. **Provide the tax map parcel number for the land where the discharge is located.** 7-2E

4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** 0.0

5. **What is the design average effluent flow of this facility?** 0.900 MGD
For industrial facilities, provide the max. 30-day average production level, include units:

In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Yes ☐ No X
If "Yes", please identify the other flow tiers (in MGD) or production levels:

Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

6. **Nature of operations generating wastewater:**
Municipal sanitary sewage collection from domestic customers.

100 % of flow from domestic

Number of private residences to be served by the treatment works: 354

0 % of flow from non-domestic connections/sources

7. **Mode of discharge:** X Continuous ☐ Intermittent ☐ Seasonal
Describe frequency and duration of intermittent or seasonal discharges:

8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**

X Permanent stream, never dry

___ Intermittent stream, usually flowing, sometimes dry

___ Ephemeral stream, wet-weather flow, often dry

___ Effluent-dependent stream, usually or always dry without effluent flow

___ Lake or pond at or below the discharge point

___ Other:

9. **Approval Date(s):**
O & M Manual 1/2011 **Sludge/Solids Management Plan** 5/2010

Have there been any changes in your operations or procedures since the above approval dates? Yes ☐ No X

Paul Howard, Jr.
Director of Environmental Services
118 W. Davis Street, Suite 101, Culpeper, Virginia 22701
Telephone: (540) 727-3409 Fax: (540) 727-3436
E-mail: phoward@culpepercounty.gov

November 20, 2012

Ms. Susan Mackert
VA –DEQ, NRO
13901 Crown Court
Woodbridge, VA 22193-1453

RE: VA0080527 Clevengers Village WWTP
Application for VPDES Permit Renewal

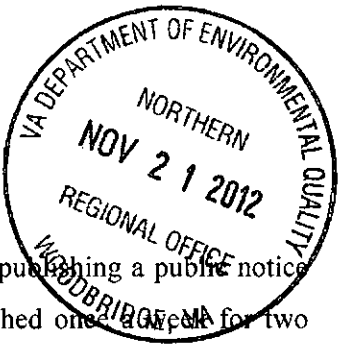
Dear Ms. Mackert,

Please find attached an original and two copies of an application for renewal of the above referenced permit.

If you have any questions or need additional information, please contact me at 540-727-3409.

Sincerely,

Paul Howard Jr.
Director of Environmental Services



PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published one time a week for two consecutive weeks in accordance with 9 VAC 25-31-290.C.2.

Agent/Department to be billed:	Mr. Paul Howard, Director of Environmental Services
Owner:	Culpeper County
Applicant's Address:	118 W. Davis Street, Suite 101
	Culpeper, VA 22701
Agent's Telephone Number:	(540) 727-3409
Authorizing Agent:	Paul E Howard *Signature*

VPDES Permit No.: VA0080527
Facility Name: Clevengers Village WWTP

Please return to:

Susan Mackert
VA-DEQ, NRO
13901 Crown Court
Woodbridge, VA 22193-1453
Fax: (703) 583-3821

Please print or type in the unshaded areas only. Form Approved. OMB No. 2040-0086.

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY
GENERAL INFORMATION
Consolidated Permits Program
(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER: S F | T/A | C D

LABEL ITEMS	
I.	EPA I.D. NUMBER
III.	FACILITY NAME
V.	FACILITY MAILING ADDRESS
VI.	FACILITY LOCATION

VA0080527
Clevengers Village WWTP
118 West Davis Street, Suite 101
Culpeper, VA 22701
Culpeper County,VA

GENERAL INSTRUCTIONS
If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms**.

SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)	X (16)	(17)	X (18)
B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)	(19)	X (20)	(21)
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)	(22)	X (23)	(24)
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)	(25)	X (26)	(27)
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)	(28)	X (29)	(30)
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	(31)	X (32)	(33)
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	(34)	X (35)	(36)
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	(37)	X (38)	(39)
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	(40)	X (41)	(42)
J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)	(43)	X (44)	(45)

III. NAME OF FACILITY

1 SKIP: CLEVENGERS VILLAGE WASTEWATER TREATMENT PLANT

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 PAUL HOWARD JR., DIRECTOR OF ENVIRONMENTAL SERVICES	(540) 727-3409

V. FACILTY MAILING ADDRESS

A. STREET OR P.O. BOX: 3 118 WEST DAVIS STREET, SUITE 101

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 CULPEPER	VA	22701

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER: 5 19525 CLEVENGERS UTILITY ROAD

B. COUNTY NAME: CULPEPER

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 JEFFERSONTON	VA	22724	

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

VII. SIC CODES *(4-digit, in order of priority)*

A. FIRST	B. SECOND
4952 *(specify)* Sewerage Systems: establishments primarily engaged in the collection and disposal of wastes conducted through a sewer system, including such treatment processes.	*(specify)*
C. THIRD	**D. FOURTH**
(specify)	*(specify)*

VIII. OPERATOR INFORMATION

A. NAME

COUNTY OF CULPEPER

B. Is the name listed in Item VIII-A also the owner? ☑ YES ☐ NO

C. STATUS OF OPERATOR *(Enter the appropriate letter into the answer box; if "Other," specify.)*

F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC *(other than federal or state)*
O = OTHER *(specify)*

M

(specify) COUNTY OF CULPEPER

D. PHONE *(area code & no.)*

A (540) 727-3409

E. STREET OR P.O. BOX

118 WEST DAVIS STREET, SUITE 101

F. CITY OR TOWN	G. STATE	H. ZIP CODE	IX. INDIAN LAND
CULPEPER	VA	22701	Is the facility located on Indian lands? ☐ YES ☑ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*	N/A	**D. PSD** *(Air Emissions from Proposed Sources)*	N/A
B. UIC *(Underground Injection of Fluids)*	N/A	**E. OTHER** *(specify)*	N/A *(specify)*
C. RCRA *(Hazardous Wastes)*	N/A	**E. OTHER** *(specify)*	N/A *(specify)*

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS *(provide a brief description)*

The County of Culpeper is a municipality that provides water and sewerage services to the public.

XIII. CERTIFICATION *(see instructions)*

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE *(type or print)*	B. SIGNATURE	C. DATE SIGNED
PAUL HOWARD JR., DIRECTOR OF ENVIRONMENTAL SERVICES	Paul Howard	11/19/12

COMMENTS FOR OFFICIAL USE ONLY

C

FACILITY NAME AND PERMIT NUMBER:
Clevengers Village WWTP VA0080527

Form Approved 1/14/99
OMB Number 2040-0086

FORM 2A NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.

B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.

C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to provide the information.

E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to submit results of toxicity testing.

F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:

1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
2. Any other industrial user that:
   a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
   b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
   c. Is designated as an SIU by the control authority.

G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name: CLEVENGERS VILLAGE WASTEWATER TREATMENT PLANT

Mailing Address: 118 W DAVIS STREET, SUITE 101
CULPEPER, VA 22701

Contact person: PAUL HOWARD JR.

Title: DIRECTOR OF ENVIRONMENTAL SERVICES

Telephone number: (540) 727-3409

Facility Address (not P.O. Box): 19525 CLEVENGERS UTILITY ROAD, JEFFERSONTON, VA 22724

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name: COUNTY OF CULPEPER

Mailing Address: 118 W DAVIS STREET, SUITE 101, CULPEPER, VA 22701

Contact person: PAUL HOWARD JR.

Title: DIRECTOR OF ENVIRONMENTAL SERVICES

Telephone number: (540) 727-3409

Is the applicant the owner or operator (or both) of the treatment works?

✓ owner ✓ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

_____ facility ✓ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES	N/A	PSD	N/A
UIC	N/A	Other	N/A
RCRA	N/A	Other	N/A

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
SOUTH WALES	750	SEPARATE	MUNICIPAL

Total population served 750

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

_____ Yes ✓ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

_____ Yes ✓ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 0.9 mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	0.056	0.056	0.056	mgd
c. Maximum daily flow rate	0.106	0.106	0.106	mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

✓ Separate sanitary sewer	100 %
_____ Combined storm and sanitary sewer	_____ %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? ✓ Yes _____ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1
ii. Discharges of untreated or partially treated effluent 0
iii. Combined sewer overflow points 0
iv. Constructed emergency overflows (prior to the headworks) 0
v. Other _____ _____

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? _____ Yes ✓ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge _____ continuous or _____ intermittent?

c. Does the treatment works land-apply treated wastewater? _____ Yes ✓ No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application _____ continuous or _____ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? _____ Yes ✓ No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

N/A

If transport is by a party other than the applicant, provide:

Transporter name: _____

Mailing Address: _____

_____

Contact person: _____

Title: _____

Telephone number: _____

For each treatment works that receives this discharge, provide the following:

Name: N/A

Mailing Address: _____

_____

Contact person: _____

Title: _____

Telephone number: _____

If known, provide the NPDES permit number of the treatment works that receives this discharge. _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____ mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? _____ Yes ✓ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

_____

Annual daily volume disposed of by this method: _____

Is disposal through this method _____ continuous or _____ intermittent?

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a**, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number: 001

b. Location:
- JEFFERSONTON (City or town, if applicable)
- 22724 (Zip Code)
- CULPEPER (County)
- VIRGINIA (State)
- 38' 39.729 N (Latitude)
- 77' 58.829 W (Longitude)

c. Distance from shore (if applicable): _____ ft.

d. Depth below surface (if applicable): _____ ft.

e. Average daily flow rate: 0.053 mgd

f. Does this outfall have either an intermittent or a periodic discharge? _____ Yes ✓ No (go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs: _____

Average duration of each discharge: _____

Average flow per discharge: _____ mgd

Months in which discharge occurs: _____

g. Is outfall equipped with a diffuser? _____ Yes ✓ No

A.10. Description of Receiving Waters.

a. Name of receiving water: RAPPAHANNOCK RIVER

b. Name of watershed (if known): RAPPAHANNOCK RIVER

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin (if known): RAPPAHANNOCK RIVER

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

d. Critical low flow of receiving stream (if applicable):
acute 0.97 MGD cfs chronic 1.2 MGD cfs

e. Total hardness of receiving stream at critical low flow (if applicable): 26.5 mg/l of $CaCO_3$

FACILITY NAME AND PERMIT NUMBER:
Clevengers Village WWTP VA0080527

Form Approved 1/14/99
OMB Number 2040-0086

A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

✓ Primary ✓ Secondary

____ Advanced ____ Other. Describe: ____

b. Indicate the following removal rates (as applicable):

Design BOD_5 removal or Design $CBOD_5$ removal	95 %
Design SS removal	95 %
Design P removal	%
Design N removal	%
Other Ammonia	95% %

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

ULTRAVIOLET

If disinfection is by chlorination, is dechlorination used for this outfall? ____ Yes ____ No

d. Does the treatment plant have post aeration? ✓ Yes ____ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.8	s.u.			
pH (Maximum)	8.6	s.u.			
Flow Rate	0.106	MGD	0.056	MGD	679
Temperature (Winter)	19.8	deg C	13.7	deg C	157
Temperature (Summer)	27.1	deg C	24.1	deg C	91

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN	BOD-5	5	mg/L	0.5	mg/L	140	SM 5210-B	2
DEMAND (Report one)	CBOD-5	9	mg/L	0.22	mg/L	147	SM-5210-B	2
FECAL COLIFORM		1732	N/CML	45	N/CML	288	Colilert-18	1
TOTAL SUSPENDED SOLIDS (TSS)		14	mg/L	2	mg/L	289	SM-2540-D	1SM 5210

END OF PART A.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

0.005 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

Manhole Repairs

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

a. The area surrounding the treatment plant, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground.

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g, chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ____Yes ✓ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

_____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

N/A

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

____Yes ____No

c If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

_____

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

	Schedule	Actual Completion
Implementation Stage	MM / DD / YYYY	MM / DD / YYYY
– Begin construction	___/___/_____	___/___/_____
– End construction	___/___/_____	___/___/_____
– Begin discharge	___/___/_____	___/___/_____
– Attain operational level	___/___/_____	___/___/_____

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ____Yes ____No

Describe briefly: _____

_____

B.6. EFFLUENT TESTING DATA (GREATER THAN O.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 001

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	12.1	mg/L	1.9	mg/L	132	SM-4500nh3-F	0.2
CHLORINE (TOTAL RESIDUAL, TRC)	N/A UV Disin						
DISSOLVED OXYGEN	29	mg/L	9	mg/L	659	DO Probe	1
TOTAL KJELDAHL NITROGEN (TKN)	18.6	mg/L	1.7	mg/L	168	ASTM D3590-02	0.5
NITRATE PLUS NITRITE NITROGEN	21.4	mg/L	5.7	mg/L	45	300.0	0.06
OIL and GREASE	N/A						
PHOSPHORUS (Total)	0.73	mg/L	0.17	mg/L	46	HACH 8190	0.05
TOTAL DISSOLVED SOLIDS (TDS)	N/A						
OTHER							

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:
Clevengers Village WWTP VA0080527

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

✓ Basic Application Information packet

Supplemental Application Information packet:

_____ Part D (Expanded Effluent Testing Data)

_____ Part E (Toxicity Testing: Biomonitoring Data)

_____ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

_____ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: PAUL HOWARD JR, DIRECTOR OF ENVIRONMENTAL SERVICES

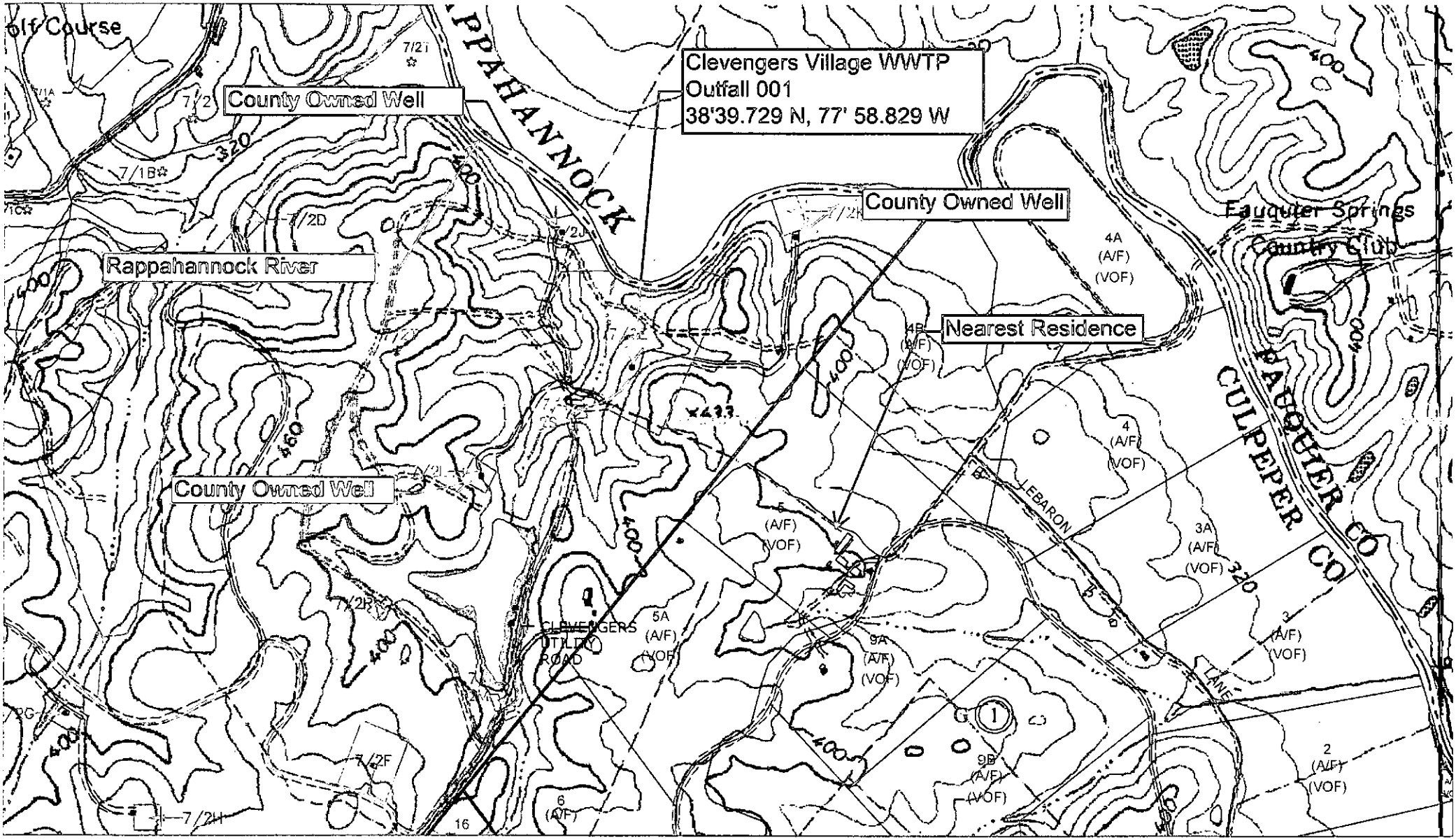
Signature: Paul Howard

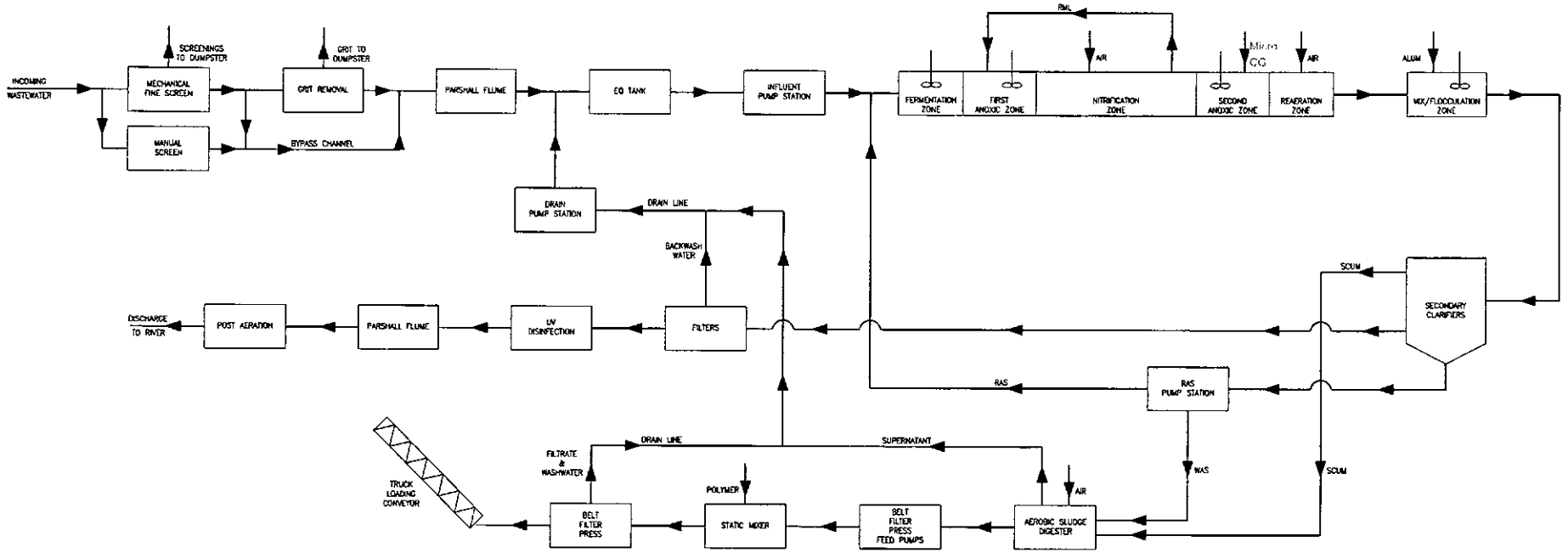
Telephone number: (540) 727-3409

Date signed: 11/19/12

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:


Clevengers Village WWTP
Outfall 001
38'39.729 N, 77' 58.829 W
County Owned Well
County Owned Well
County Owned Well
Rappahannock River
Nearest Residence
Fauquier Springs Country Club
FAUQUIER CO
CULPEPER CO
CLEVENGERS UTILITY ROAD
LEBARON
LANE
Golf Course



DESIGN CRITERIA (8,100 people/3,000 ERC)

Average Annual Daily Flow	0.90 MGD
Peak Hourly Flow	1.80 MGD
Peak Equalized Flow	1.20 MGD

	INFLUENT	INFLUENT	EFFLUENT
BOD	80 g/person/c	220 mg/L	3 mg/L
TSS	90 g/person/d	220 mg/L	3 mg/L
TKN	14 g/person/d	35 mg/L	- mg/L
Ammonia	12 g/person/d	30 mg/L	- mg/L
Total Nitrogen	- g/person/d	- mg/L	4 mg/L
Total Phosphorus	2 g/person/d	5 mg/L	0.3 mg/L

UNIT CAPACITY/VOLUME SUMMARY

Fine Screen (1)	1.80 MGD
Manual Bar Screen (1)	2 MGD
Grit Removal (1)	2.50 MGD
Influent Parshall Flume (1)	2.5 MGD
Influent Pumps (4)	350 gpm (each)
Flow Equalization Tanks (3)	100,000 gal (each)
BNR Basins (3)	265,000 gal (each)
RWL Pumps (3)	833 gpm (each)
Secondary Clarifiers (3)	36' diam. x 16' SWD (each)
Filters (3)	100 sq ft (each)
RAS Pumps (5)	318 gpm (each)
Aerobic Sludge Digesters (3)	110,000 gal (each)
Effluent Parshall Flume (1)	2.50 MGD
GTF Feed Pumps (2)	100 gpm (each)
Belt Filter Press (1)	700 lb/hr
Blower (4)	1,200 scfm (each)

REV.	DATE	BY	APP.	DESCRIPTION

Wiley & Wilson
Employee-Owned
2310 Langhorne Road
Lynchburg, VA 24501-1547
www.wileywilson.com

HOLE MONTES
950 Encore Way
Naples, FL 34110
Phone: (239)254-2000
ENGINEERS PLANNERS SURVEYORS

DESIGNED REB	DRAWN GCP
CHECKED MCP	REVIEWED
COMM. NO. CONM	CTRL. NO.
CADD NO. Sanitary Process Flow Diagram	
DATE OCTOBER 28, 2005	

PROJECT: Clevenger's Village Wastewater Treatment Plant Culpeper County, Virginia

TITLE: PROCESS FLOW DIAGRAM

DWG. NO. M101 | REV. 0

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into sections. Sections A pertain to all applicants. The applicability of Sections B, C and D depend on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Will this facility generate sewage sludge? _X_ Yes _ No

   Will this facility derive a material from sewage sludge? __Yes _X_ No

   If you answered Yes to either, complete Section B (Generation Of Sewage Sludge Or Preparation Of A Material Derived From Sewage Sludge).

3. Will this facility apply sewage sludge to the land? __Yes _X_ No

   Will sewage sludge from this facility be applied to the land? __Yes _X_ No

   If you answered No to both questions above, skip Section C.

   If you answered Yes to either, answer the following three questions:

   a. Will the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?
   __Yes __No

   b. Will sewage sludge from this facility be placed in a bag or other container for sale or give-away for application to the land? __Yes __No

   c. Will sewage sludge from this facility be sent to another facility for treatment or blending? __Yes __No

   If you answered No to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

   If you answered Yes to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? __Yes _X_ No

   If Yes, complete Section D (Surface Disposal).

SECTION A. GENERAL INFORMATION

All applicants must complete this section.

1. Facility Information.
   a. Facility name: Clevengers Village WWTP
   b. Contact person: Paul Howard Jr.
      Title: Director of Environmental Services
      Phone: (540) 727-3409
   c. Mailing address: 118 West Davis street, Suite 101
      Street or P.O. Box:
      City or Town: Culpeper State: VA Zip: 22701
   d. Facility location:
      Street or Route #: 19525 Clevengers Utility Road
      County: Culpeper
      City or Town: Jeffersonton State: VA Zip: 22724
   e. Is this facility a Class I sludge management facility? __Yes _X__No
   f. Facility design flow rate: 0.900 mgd
   g. Total population served: 750
   h. Indicate the type of facility:
      _X_ Publicly owned treatment works (POTW)
      ___ Privately owned treatment works
      ___ Federally owned treatment works
      ___ Blending or treatment operation
      ___ Surface disposal site
      ___ Other (describe):

2. Applicant Information. If the applicant is different from the above, provide the following:
   a. Applicant name:
   b. Mailing address:
      Street or P.O. Box:
      City or Town: _____ State: _____ Zip:
   c. Contact person:
      Title:
      Phone: ( )
   d. Is the applicant the owner or operator (or both) of this facility?
      _____owner _____ operator
   e. Should correspondence regarding this permit be directed to the facility or the applicant? (Check one)
      _____ facility _____ applicant

3. Permit Information.
   a. Facility's VPDES permit number (if applicable): VA0080527
   b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:

Permit Number:	Type of Permit:
N/A	

4. Indian Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? __Yes _X_No If yes, describe:

5. Topographic Map. Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:
   a. Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
   b. Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.

6. Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.

7. Contractor Information. Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? __Yes _X__No
If yes, provide the following for each contractor (attach additional pages if necessary).
Name:
Mailing address:
Street or P.O. Box:
City or Town: _____ State: _____ Zip:
Phone: ( )
Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:

If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).

8. Pollutant Concentrations. Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old. N/A - (Landfilled)

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

9. Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:

__X__Section A (General Information)
____Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)
____Section C (Land Application of Bulk Sewage Sludge)
____Section D (Surface Disposal)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title PAUL HOWARD JR, DIRECTOR OF ENV SERVICES

Signature Paul Howard Date Signed 11/19/12

Telephone number 540-727-3409

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued:** County of Culpeper

Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. **Is this facility located within city or town boundaries?** Yes ☐ No X

3. **Provide the tax map parcel number for the land where the discharge is located.** 7-2E

4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** 0.0

5. **What is the design average effluent flow of this facility?** 0.900 MGD
For industrial facilities, provide the max. 30-day average production level, include units:

In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Yes ☐ No X
If "Yes", please identify the other flow tiers (in MGD) or production levels:

Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

6. **Nature of operations generating wastewater:**
Municipal sanitary sewage collection from domestic customers.

100 % of flow from domestic

Number of private residences to be served by the treatment works: 354

0 % of flow from non-domestic connections/sources

7. **Mode of discharge:** X Continuous ☐ Intermittent ☐ Seasonal
Describe frequency and duration of intermittent or seasonal discharges:

8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**

X Permanent stream, never dry

___ Intermittent stream, usually flowing, sometimes dry

___ Ephemeral stream, wet-weather flow, often dry

___ Effluent-dependent stream, usually or always dry without effluent flow

___ Lake or pond at or below the discharge point

___ Other:

9. **Approval Date(s):**
O & M Manual 1/2011 **Sludge/Solids Management Plan** 5/2010

Have there been any changes in your operations or procedures since the above approval dates? Yes ☐ No X